LEGAL UPDATES

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Practical Tips for Avoiding Common Mistakes with the 855 Medicare Enrollment Form

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Medicare provider enrollment and the infamous CMS 855 Form rarely make for headline-grabbing topics. Nevertheless, the consequences of mismanaging your Medicare provider enrollment record can be severe, including deactivation of your Medicare billing privileges and disruption of your cashflow. As attorneys who regularly help providers untangle these issues, we focus on helping organizations sidestep avoidable headaches. In this article, we share the most common mistakes we see related to the 855 form and offer practical tips to ensure you remain compliant with Medicare's provider enrollment rules.

Why the 855 Form Deserves Your Attention

While the 855 form may seem like an administrative chore, it is the gateway to Medicare reimbursement. Mistakes or delays in updating your enrollment record can lead to a stay or enrollment, deactivation, or other adverse consequences—often at the worst possible time. The good news is that most issues are preventable with the right processes and awareness.

Five Common 855 Mistakes, and How to Avoid Them

1. Waiting for Revalidation to Update Your 855

Don't wait for the next revalidation cycle to update your 855. Many providers mistakenly believe they can wait until revalidation to report changes to their enrollment record. Medicare requires changes in control or ownership (*e.g.*, a new administrator or medical director, changes to the composition of the board of directors, and ownership changes) to be reported within 30 days, while other changes typically must be reported within 90 days. Some changes, like a hospice relocation, technically require pre-approval.

Pro Tip: Assign responsibility for 855 updates to your compliance team. Compliance professionals tend to be more familiar with tracking regulatory changes and understanding reporting obligations.

2. Failing to Report Hospice Administrators and Medical Director

Hospices must include the names of their administrator and medical director on the 855. CMS is now enforcing this rule more strictly, and the newest version of the form features specific checkboxes for these positions.

Pro Tip: Ensure you list your current administrator and medical director, and update promptly whenever there is a change.

3. Not Listing the Full Governing Body

You must list your entire board of directors on the 855, not just the executive committee or select board members, and report board membership changes within 30 days. This is especially important for organizations with large or frequently changing boards.

Pro Tip: Maintain a checklist for board changes and include 855 reporting as a required step whenever board composition changes.

4. Letting Contact Information Become Outdated

The 855 requires you to list correspondence contacts and addresses. If these individuals leave your organization or their information changes, update the 855 right away. Failure to respond to Medicare Administrative Contractor ("MAC") communications due to outdated contact info is a common cause of deactivation.

Pro Tip: Use a shared or group email address (*e.g.*, enrollment@yourorganization.com) for 855 correspondence to ensure continuity, even if staff turnover occurs.

5. Ignoring or Delaying Responses to MAC Development Requests

After submitting 855 updates, MACs may request additional information or clarification—known as a "development request." If you fail to respond within the specified timeframe (often 30 days), your enrollment may be deactivated.

Pro Tip: Track submissions and set calendar reminders so you can follow up proactively. Expect a development request and never assume "no news is good news." Respond promptly and thoroughly to all MAC inquiries.

Looking Ahead

CMS continues to tighten enrollment requirements, with more scrutiny likely on the horizon. Building robust processes now will position your organization to manage future changes smoothly—and avoid the Friday afternoon crisis calls that no one enjoys.

Contact Us

If you need assistance with 855 compliance or have questions about provider enrollment, our team is here to help. Please contact Andrew Brenton or your Husch Blackwell attorney. We would much rather help you get it right the first time than help you recover from preventable deactivation!

Click here to download our “Five Common Medicare Provider Enrollment Mistakes” handout.

This article is based on the “Hospice Insights: The Law and Beyond” podcast episode featuring Meg Pekarske and Andrew Brenton. To listen to the full episode or subscribe, visit https://www.huschblackwell.com/thought-leadership#page=1&series=73896.