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## MEDICARE-MANDATED REPORTABLE CHANGES FOR CLINICAL SOCIAL WORKERS IN SOLO OR GROUP PRACTICE

Clinical social workers who are Medicare providers frequently encounter claim denials due to unreported changes in their solo or group practice. Clinical social workers are responsible for reporting changes to their Medicare Administrative Contractor (MAC) as soon as possible or within 30 days of the change. Reporting changes immediately ensures timely and proper processing of claims and prevents rejections.

### Solo Practice Changes

*Clinical social workers are required to report to Medicare the following changes using Form CMS-8551:*

- **Practice location:** Any change in practice location or any portion of an existing address
- **Business name or tax identification number:** Any legal change in business name or change in taxpayer identification number with the Internal Revenue Service
- **Practice status:** Any decision to close, retire, or sell a practice or to withdraw from Medicare
- **Business structure:** Any change in the business structure of the practice (for example, incorporation)
- **Adverse legal action:** Suspension or termination of a clinical social worker's clinical license and any felony conviction within the past 10 years

*Other reportable changes on different forms include the following:*

- **Banking arrangements:** For electronic claims, the clinical social worker should report any changes in his or her bank or bank account number. Payment information changes can be made by completing Form CMS-588, Electronic Fund Transfer Authorization Agreement.
- **Reassignment of benefits:** When a clinical social worker adds or voluntarily withdraws a reassignment of Medicare benefits, the change is submitted on Form CMS-855R.

### Group Practice Changes

*The above changes also pertain to a group practice. However, group practice changes are made on Form CMS-855B instead of Form CMS-8551. Additional group practice reporting changes include the following:*

- **Authorized or delegated officials:** Medicare must be informed whenever a provider is added to or removed from the group practice.
- **Ownership or managing interest control:** When the current owner sells more than five percent of the practice or a partner is added or deleted, these changes in ownership must be reported.

### Additional Information

Solo and group practices enrolled in the Medicare program that have not completed Form CMS-8551 or CMS-855B since 2003 must submit one of these forms as an initial application when reporting a change for the first time.

In the event of the death of a clinical social worker who is a Medicare provider in a solo or group practice, the date of death should be reported immediately to the MAC.

Questions about reporting changes to Medicare may be directed to the local MAC. A list of MACs is available online at [www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact\\_list.pdf](http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf). CMS forms are available online at [www.cms.hhs.gov/CMSForms/CMSForms/list.asp](http://www.cms.hhs.gov/CMSForms/CMSForms/list.asp).

### Resources

Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services. (2009). *Fee-for-service provider enrollment reporting responsibilities for individual non-physician practitioners enrolled in the Medicare program*. Available at [www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/nonPhysicianReportingResponsibilities.pdf](http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/nonPhysicianReportingResponsibilities.pdf).

Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services. (2009). *Fee-for-service provider enrollment reporting responsibilities for physician group practices enrolled in the Medicare program*. Available at [www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/GroupPracticeReportingResponsibilities.pdf](http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/GroupPracticeReportingResponsibilities.pdf).