



**MEDICARE AND OTHER FEDERAL
HEALTH CARE PROGRAMS
PROVIDER/SUPPLIER ENROLLMENT
APPLICATION INSTRUCTIONS
Individual Reassignment of Benefits Application
HCFA 855R**

Upon completion, return this application and all necessary documentation to:

Xact Provider Enrollment Services
P.O. Box 890157
Camp Hill, PA 17089-0157

General

This application is to be completed for any individual who will reassign their benefits to an eligible entity.

THIS REASSIGNMENT OF BENEFITS APPLICATION MUST BE COMPLETED FOR THE FOLLOWING SITUATIONS:

Initial Enrollment: A newly enrolling entity will complete this application for each individual who will be reassigning Medicare or other federal health care program benefits to the enrolling entity.

NOTE: All entities and individuals must be currently enrolled or concurrently enrolling in the Medicare or other federal health care program in which they want to reassign their benefits.

Adding a Reassignment: An individual practitioner is currently enrolled in Medicare or another federal health care program(s) and will reassign benefits to an entity that is currently in the Medicare or the same other federal health care program(s).

Deleting a Reassignment: An individual that has been reassigning benefits to an entity is terminating that reassignment. No reassigned claims will be paid to the entity for dates of service after the effective date of deletion.

Changing Status of an Individual: An individual reporting a change in the type of income tax withholding or the practice location(s) with which he or she is associated.

Changes of Ownership (CHOW): This application is to be completed by all individual contractors, physicians, and other non-physician practitioners who will be reassigning their Medicare or other federal health care benefits to a new or a prospective new owner due to the occurrence or potential occurrence of a CHOW.

Definitions

Authorized Representative: The appointed official (e.g., officer, chief executive officer, general partner, etc.) who has the authority to enroll the entity in Medicare or other federal health care programs as well as to make changes and/or updates to the applicant's status, and to commit the corporation to Medicare or other federal health care program laws and regulations.

The Authorized Representative may be contacted to answer questions regarding the information furnished in this application.

Change of Ownership (CHOW): This term applies to certain limited circumstances as defined in 42 CFR § 489.18 as described below.

A new or prospective new owner must complete this application to report new or prospective new ownership. In addition, the applicant must also submit an Individual Reassignment of Benefits Application (HCFA Form 855R) identifying all individuals who will reassign their benefits to the applicant.

A change of ownership is defined as:

- In the case of a partnership, the removal, addition, or substitution of a partner, unless the partners expressly agree otherwise, as permitted by applicable State law;
- In the case of an unincorporated sole proprietorship, transfer of title and property to another party;
- In the case of a corporation, the merger of the provider corporation into another corporation, or the consolidation of two or more corporations, resulting in the creation of a new corporation (transfer of corporate stock or the merger of another corporation into the provider corporation does not constitute a change of ownership); and
- In the case of leasing, the lease of all or part of a provider/supplier facility constitutes a change of ownership of the leased portion.

Entity: A business organization (e.g., group practice, hospital, clinic, health care delivery system) that is eligible to receive reassigned benefits as permitted under 42 CFR 424.80.

Individual: A physician or other individual practitioner who is eligible to receive Medicare or other federal health program benefits and is permitted to reassign his or her benefits to an eligible entity.

Definitions(continued)

Medicare Identification Number: This number uniquely identifies individuals and entities as Medicare providers/suppliers and is the number used on claim forms. The Medicare identification number is also known as Medicare Provider Number and Provider Identification Number (PIN). Examples of Medicare Identification Numbers are the UPIN, OSCAR number and NSC number.

National Provider Identifier (NPI): This number is assigned using the National Provider System to identify health care provider/suppliers. In the future, it will replace the Medicare Identification Number.

Reassignee: An individual or organization that allows another organization to bill Medicare or other federal health care programs on their behalf for services rendered.

APPLICATION COMPLETION INSTRUCTIONS

Check the box indicating the reason this application is being completed.

1. Entity Identification

Complete information identifying the entity to whom Medicare or other federal health care program benefits are being reassigned.

The legal business name of the entity must be the same name the entity uses in reporting to the Internal Revenue Service.

2. Individual Identification

Complete this section for each individual who is reassigning or terminating reassignment of his or her Medicare or other federal health care program benefits to the entity shown in the Entity Identification section. Indicate the type of action being reported.

Note: This form may be used to add or delete an individual who is reassigning or has previously reassigned his or her benefits to the entity.

3. Practice Location(s)

Complete all information requested for each location where the individual identified in the Individual Identification section (above) will render services to Medicare or other federal health care program beneficiaries on behalf of the entity identified in the Entity Identification section. The entity must have enrolled, or be in the process of enrolling, all of these practice locations using the HCFA Form 855 (General Enrollment Application).

SEE PAGE ONE OF THESE INSTRUCTIONS FOR THE ADDRESS TO RETURN THIS COMPLETED APPLICATION.

4. Billing Agency/Management Service Organization Address

A Billing Agency is a company contracted by the applicant to furnish all claims processing functions for the applicant's practice.

A Management Service Organization is a company contracted by the applicant to furnish some or all administrative, clerical and claims processing functions of the applicant's practice.

Complete this section if the entity shown in the Entity Identification section currently uses a billing agency and/or management service organization to submit bills.

5. Reassignment of Benefits Statement

This Reassignment of Benefits Statement must be completed when an individual practitioner will be reassigning his or her benefits to an eligible entity (employer, facility, health care delivery system, or agent).

In general, Medicare and other federal health care programs only make payments to the beneficiary or the individual or entity that directly provides the service. However, an individual may reassign benefits to an eligible entity as defined in 42 CFR 424.80.

The Legal Business Name of the entity must be the same as the Legal Business Name of the entity identified in Section 1 of this application.

The individual reassigning his or her benefits must sign this statement. Failure to complete and sign the Reassignment of Benefits Statement will cause a delay in processing the application and limit the Health Care Financing Administration's or other federal health care program's ability to make payment.

Note: For further information on Federal requirements on reassignment of benefits, the reassignee should contact his or her Medicare or other federal health care program contractor before signing this application.

6. Contact Person

Provide the full name and telephone number of an individual who can be reached to answer questions regarding the information furnished in this application.

7. Attestation Statement

The Authorized Representative of the entity that will receive payments must sign and date this application, attesting to the accuracy of the information provided and certifying that the entity applying to receive payments is eligible to receive reassigned benefits.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0685. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, P.O. Box 26684, Baltimore, Maryland 21207 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.