

SECTION 4: CURRENT PRACTICE LOCATION(S)

- A. Practice Location Information** - Check the appropriate box to indicate whether the provider is adding a new practice location, deleting a practice location, or changing information about an existing practice location. Provide the new information, the effective date of the change, and sign and date the certification statement. Otherwise, complete this section as follows:

If a reported addition or change does not require a separate OSCAR number and/or corresponding separate provider agreement (e.g., a branch or provider-based clinic), check the appropriate box and complete this section. If adding a location that requires a completely separate OSCAR number and/or corresponding separate provider agreement, a new application must be submitted for the new location as a new provider.

Home Health Agencies (HHAs) should complete this section with their administrative address and skip to Section 4E.

Community Mental Health Centers (CMHCs) must report all alternative sites where core services are provided (proposed alternative sites for initial enrollment and actual alternative sites for those CMHCs already participating in Medicare). In accordance with provisions of the Public Health Service Act, a CMHC is required to provide mental health services principally to individuals who reside in a defined geographic area (service area). Therefore, CMHCs must service a distinct and definable community. Those CMHCs operating or proposing to operate outside this specific community must have a separate provider agreement/number, submit a separate enrollment application, and individually meet the requirements to participate. CMS will determine if the alternative site is permissible or whether the site must have a separate agreement/number. CMS will consider the actual demonstrated transportation pattern of CMHC clients within the community to ensure that all core services and partial hospitalization are available from each location within the community. A CMHC patient must be able to access and receive services he/she needs at the parent CMHC site or the alternative site within the distinct and definable community served by the parent.

NOTE: Hospitals must report all practice locations where the hospital provides services. Do not report separately enrolled provider/supplier types such as SNFs, HHAs, RHCs, physician practices, clinics, etc. Practice location addresses fall into one of two categories as listed below. When furnishing the practice locations, the hospital should report the addresses in the order shown below.

- **1st** - All location addresses where the hospital performs inpatient services.
- **2nd** - All other location addresses where the hospital performs any other non-inpatient service.

NOTE: If an organization owns other providers or suppliers that are required to obtain separate provider numbers (i.e., OSCAR numbers or UPINs) do not report them as practice locations. Each of these other providers or suppliers must enroll via a separate CMS 855A or CMS 855B as appropriate.