



Medicare Fee-For-Service (FFS) Contingency Plan Announced!

Effective May 23, 2007, Medicare FFS is establishing a contingency plan for implementing the National Provider Identifier (NPI). In this plan, as soon as Medicare considers the number of claims submitted with an NPI for primary providers (Billing, pay-to and rendering providers) is sufficient, Medicare (after advance notification to providers) will begin rejecting claims without an NPI for primary providers, perhaps as early as July 1, 2007. For more information on this contingency plan, please visit the NPI dedicated website at <http://www.cms.hhs.gov/nationalprovidentstand/>.

MLN Matters Number: MM5554 **Revised**

Related Change Request (CR) #: 5554

Related CR Release Date: April 27, 2007

Effective Date: July 2, 2007

Related CR Transmittal #: R1229CP

Implementation Date: July 2, 2007

Modification to the Model Medicare Redetermination Notice (MRN) (for partly or fully unfavorable redeterminations) and the Administrative Law Judge (ALJ) Filing Locations Where the Place of Service Was in Delaware, Kentucky, Puerto Rico, Virginia, &/or the US Virgin Islands.

Note: This article was revised on February 15, 2008, to add a reference to MM5836 (<http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5836.pdf>), which was effective January 1, 2008. MM5836 modified the Reconsideration Request Form that is included with the model Medicare Redetermination Notice (for partly or fully unfavorable redeterminations), to clarify the minimum set of elements (items 1, 2a, 6, 7, 11 & 12) on the form that you must complete in order for the request to be considered valid for reconsideration.

Provider Types Affected

Physicians, suppliers, and providers who submit claims to Medicare contractors (Fiscal intermediaries (FIs), carriers, Part A/B Medicare Administrative Contractors (A/B MACs), DME Medicare Administrative contractors (DME MACs), and/or regional home health intermediaries (RHHIs))

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

Provider Action Needed



STOP – Impact to You

The Centers for Medicare & Medicaid Services (CMS) issued change request (CR) 5554 in order to modify the Reconsideration Request Form and to amend the ALJ filing locations.



CAUTION – What You Need to Know

Providers and suppliers do not need to resubmit documentation when requesting a Qualified Independent Contractor (QIC) reconsideration if the documentation was previously submitted as part of the redetermination process. This documentation is forwarded to the QIC as part of the case file utilized in the reconsideration process. Make certain that any additional evidence is submitted prior to the reconsideration decision. If all additional evidence is not submitted prior to issuance of the reconsideration decision, you will not be able to submit any new evidence to the ALJ or further appeal unless you can demonstrate good cause for withholding the evidence from the QIC.

Be aware that when the service was rendered in **Delaware, Kentucky, Virginia, Puerto Rico, and/or the US Virgin Islands**, the filing locations for ALJ requests are **modified** to identify the appropriate Office of Medicare Hearings and Appeals (OMHA) field office. All other jurisdictions remain unchanged.



GO – What You Need to Do

Make certain that your billing staff or other staff that handle reconsideration requests for you are aware of these changes.

Background

CR5554 is the official document that announces these changes in Medicare processes. Attached to this CR are three documents that assist with the appeals process:

- A sample form letter titled: Medicare Appeal Decision,
- A paper outlining Important Information About Your Appeal Rights, and
- A modified **Reconsideration Request Form** containing revised introductory instructions, as follows: “At a minimum, you must complete/include information for items 1, 2a, 6, and 7 but to help us serve you better, please include a copy of the redetermination notice you received with your reconsideration request.”

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The revised filing locations for sending documentation for requesting ALJ hearings are as follows:

- Cleveland, Ohio is the filing location for services rendered in Delaware and Kentucky,
- Arlington, Virginia for services in Virginia, and
- Miami, Florida for services in Puerto Rico and the US Virgin Islands.

The following table lists the addresses of all filing locations along with the place of service.

HHS OMHA Field Office & Mailing Address	Jurisdiction (Based on the place of service)			
Cleveland, OH BP Tower & Garage 200 Public Square, Suite 1300 Cleveland, OH 44114-2316	Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont	New York New Jersey Puerto Rico Virgin Islands	Pennsylvania Delaware West Virginia Kentucky	Illinois Indiana Ohio Michigan Minnesota Wisconsin
Miami, FL 100 SE 2nd Street, Suite 1700 Miami, FL 33131-2100	Alabama Florida Georgia Mississippi North Carolina South Carolina Tennessee	Arkansas Louisiana New Mexico Oklahoma Texas Puerto Rico US Virgin Islands		
Irvine, CA 27 Technology Drive, Suite 100 Irvine, CA 92618-2364	Iowa Kansas Missouri Nebraska	Colorado Montana North Dakota South Dakota Utah Wyoming	Arizona California Hawaii Nevada Guam Trust Territory of the Pacific Islands American Samoa	Alaska Idaho Oregon Washington
Arlington, VA 1700 N. Moore St., Suite 1600 Arlington, VA 22209	Virginia Maryland District of Columbia			

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Additional Information

For complete details regarding this Change Request (CR) please see the official instruction (CR5554) issued to your Medicare carrier, FI, A/B MAC, DME MAC, or RHHI. That instruction may be viewed by going to <http://www.cms.hhs.gov/Transmittals/downloads/R1229CP.pdf> on the CMS website.

If you have questions, please contact your Medicare carrier, FI or A/B MAC, DME MAC, or RHHI at their toll-free number which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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