CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 569	**Date: October 2, 2009**
	Change Request 6665

Subject: Community Mental Health Center (CMHC), Comprehensive Outpatient Rehabilitation Facility (CORF), Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Provider Enrollment Revalidation

I. SUMMARY OF CHANGES: This Centers for Medicare and Medicaid Services revalidation effort will focus on the all Community Mental Health Centers (CMHCs), Comprehensive Outpatient Rehabilitation Facilities (CORFs), Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) that are currently billing Medicare and are not in the Provider Enrollment, Chain and Ownership System (PECOS) within each State for each contractor's identification number.

New / Revised Material
Effective Date: November 2, 2009
Implementation Date: November 2, 2009

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:
SECTION A: For Fiscal Intermediaries and Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 569	Date: October 2, 2009	Change Request: 6665

SUBJECT: Community Mental Health Center (CMHC), Comprehensive Outpatient Rehabilitation Facility (CORF), Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Provider Enrollment Revalidation

Effective Date: November 2, 2009

Implementation Date: November 2, 2009

I. GENERAL INFORMATION

A. Background: This Centers for Medicare & Medicaid Services revalidation effort will focus on the all Community Mental Health Centers (CMHCs), Comprehensive Outpatient Rehabilitation Facilities (CORFs), Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) that are currently billing Medicare and are not in the Provider Enrollment, Chain and Ownership System (PECOS) within each State for each contractor's identification number.

B. Policy: Consistent with the Federal Regulations found at 42 CFR 424.515 and Publication 100-08 Medicare Program Integrity Manual Chapter 10 Section 9, providers are required to revalidate their enrollment information every 5 years.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
							FISS	MCS	VMS	CWF	
6665.1	30 days from the issuance of this change request, all FIs and A/B MACs shall create a list of and begin revalidating all Community Mental Health Centers (CMHCs), Comprehensive Outpatient Rehabilitation Facilities (CORFs), Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) that are currently billing Medicare and do not have an established enrollment record in PECOS for each State under their contractor identification number(s).	X		X							
6665.2	The FIs and A/B MACs shall follow the revalidation instructions found in Publication 100-08 Medicare Program Integrity Manual Chapter 10 Section 9. NOTE: Revalidation of enrollment information does not require a new survey.	X		X							
6665.3	FIs and A/B MACs shall mail initial revalidation letters to the selected CMHCs, CORFs, FQHCs and RHCs within 30 days of issuance of this change request. Once this CR is implemented, contractors	X		X							

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
							FISS	MCS	VMS	CWF	
	with multiple States may stagger the mailings at the rate of one State every 30 days but not to exceed 5 months to complete all initial mailings. If additional time is needed due to workload volume, the contractor shall work with their DPSE liaison to ensure completion of the effort by September 30, 2010.										
6665.4	Each FI and A/B MAC shall send a list of the selected CMHCs, CORFs, FQHCs and RHCs and a status report at 30-day intervals for 6-months after implementation to their Division of Provider and Supplier Enrollment (DPSE) liaison or DPSE Business Function Lead (BFL). This list/report shall contain the following data: Provider name, PTAN, date revalidation letter sent, date of response and final disposition with date completed.	X		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
							FISS	MCS	VMS	CWF	
	N/A										

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Michael Collett (410) 786-6121

Post-Implementation Contact(s): Michael Collett (410) 786-6121

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs)*:

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