CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 558	Date: September 14, 2009
	Change Request 6486

NOTE: Transmittal 542, dated August 21, 2009 is rescinded and replaced by Transmittal 558, dated September 14, 2009. Electronic Funds Transfer (EFT), erroneously referenced in BR 6486.1, has been removed. Business Requirement 6486.3 has been deleted. Additionally, the Effective and Implementation dates have been changed to October 23, 2009. All other information remains the same.

SUBJECT: Skilled Nursing Facility (SNF) Provider Enrollment Revalidation

I. SUMMARY OF CHANGES: The Centers for Medicare and Medicaid Services will begin a limited provider revalidation effort in fiscal year (FY) 2009. This revalidation effort will focus on the top 50 skilled nursing facility (SNF) billers within each state for each contractor's identification number.

New / Revised Material Effective Date: October 23, 2009 Implementation Date: October 23, 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. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

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

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. 100-20Transmittal: 558Date: September 14, 2009Change Request: 6486

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SUBJECT: Skilled Nursing Facility (SNF) Provider Enrollment Revalidation

Effective Date: October 23, 2009

Implementation Date: October 23, 2009

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services will begin a limited provider revalidation effort in fiscal year (FY) 2009. This revalidation effort will focus on the top 50 skilled nursing facility (SNF) billers within each State for each contractor's identification number.

B. Policy: Consistent with the Federal Regulations found at 42 CFR 424.515 and Pub. 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	Re	spon	sibili	ty (p	lace	an "Y	K" in	each	app	licable
	-	col	umn)							
		A	D	F	C	R			Syste		OTHER
		B	M E	1	A R	H H	F	Maint	ainers V	С	
		_	_		R	Ι	I	C	M	w	
		M	M		I		S	S	S	F	
		A C	A C		E R		S				
6486.1	All FIs and A/B MACs shall create a list of and begin	Х		Χ							
	revalidating the top 50 billing (based on amount billed										
	within the prior quarter or calendar year, whichever is										
	easier), Skilled Nursing Facilities (SNFs) within each State										
	for each of their contractor identification numbers that do										
	not have an established enrollment record in the Provider										
	Enrollment, Chain and Ownership System (PECOS).										
6486.2	The FIs and A/B MACs shall follow the revalidation	Х		Χ							
	instructions found in Pub. 100-08, Medicare Program										
	Integrity Manual, chapter 10, section 9. NOTE:										
	Revalidation of enrollment information does not require a										
	new State survey. SNFs that initially enrolled or that have										
	been revalidated in the past 5 years shall not be solicited at										
	this time.										
6486.3	This requirement has been removed.										

Number	Requirement		spon umn		ty (pl	lace a	an "2	X" in	each	app	licable
		A /	D M	F I	C A	R H		hared- Maint	•		OTHER
		В	E		R R	H I	F I	M C	V M	C W	
		M A C	M A C		I E R		S S	S	S	F	
6486.4	FIs and A/B MACs shall mail initial revalidation letters to the selected SNFs on October 14, 2009. Contractors with multiple States may stagger the mailings at the rate of one State every 30 days once implemented.	X		X							
6486.5	Each FI and A/B MAC shall send a list of the selected SNFs and a status report at 30, 60 and 90 days 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: SNF name, PTAN, date revalidation letter sent, date of response and final disposition with date completed.	X		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A /	D M	F I	C A	R H			Syster ainers		OTHER
		В	Е		R R	H I	F I	M C	V M	C W	
		M A C	M A C		I E R		S S	S	S	F	
	None.	C	0		K						

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A *Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

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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