



News Flash – Flu Season is upon us! CMS encourages providers to begin taking advantage of each office visit to encourage your patients with Medicare to get a seasonal flu shot; it's their best defense against combating seasonal flu this season. *(Medicare beneficiaries may receive the seasonal influenza vaccine without incurring any out-of-pocket costs. No deductible or copayment/coinsurance applies.)* For more information about Medicare's coverage of the seasonal influenza vaccine and its administration as well as related educational resources for health care professionals, please go to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html> on the CMS website.

MLN Matters® Number: MM6278 Revised

Related Change Request (CR) #: 6278

Related CR Release Date: January 29, 2010

Effective Date: November 2, 2009

Related CR Transmittal #: R626OTN

Implementation Date: November 2, 2009

One-Time Mailing of Supplier Responsibilities Letter – Individual Practitioners Only

Note: This article was updated on December 17, 2012, to reflect current Web addresses. This article was previously revised on November 27, 2012, to reference MLN Matters® Article MM8019 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8019.pdf>) to alert providers to a manual update regarding provider and supplier enrollment responsibilities. All other information remains the same.

Provider Types Affected

All physicians and non-physician practitioners with Medicare billing privileges are affected.

Provider Action Needed



STOP – Impact to You

All physicians and non-physician practitioners must comply with Medicare reporting responsibilities and report relevant address and other enrollment

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changes in a timely manner. For example, failure to report an address change timely may affect your billing privileges and payment of claims.



CAUTION – What You Need to Know

The Centers for Medicare & Medicaid Services (CMS) has directed Medicare contractors (carriers and Medicare Administrative Contractors (MACs)) to notify all sole proprietor physicians and non-physician practitioners of their reporting responsibilities with a one-time mailing. Contractors must complete this mailing to physicians, who are sole proprietors, by November 30, 2009, and to sole proprietor non-physician practitioners by December 31, 2009.



GO – What You Need to Do

You need to review the mailing and ensure that you have complied with the reporting responsibilities. Make sure your billing staffs are aware of these responsibilities.

Background

Currently, the CMS and the Medicare contractors conduct general outreach to physicians and non-physician practitioners about their reporting responsibilities. This article is based on change request (CR) 6278, which is a continuation of this outreach. The CMS has directed Medicare contractors to notify all physicians and non-physician practitioners of their reporting responsibilities using CMS developed fact sheets available at <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads/PhysicianReportingResponsibilities.pdf> and <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads/Non-PhysicianReportingResponsibilities.pdf> on the CMS website, via established communication channels (i.e., listserv announcements, bulletins, etc.).

Contractors must notify all active physicians and non-physician practitioners of their reporting responsibilities with a one-time mailing using the CMS developed materials cited above. Contractors must complete this mailing to sole proprietor physicians by November 30, 2009, and to sole proprietor non-physician practitioners by December 31, 2009.

Medicare contractors will deactivate the billing privileges for the practice locations associated with any Provider Transaction Access Number (PTAN) of any letter returned by the post office as undeliverable and the contractor does not already have a change of address enrollment application pending based on the following three scenarios:

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- **Scenario 1:** If the provider has one PTAN and multiple practice locations, contractors will deactivate the practice location of the returned letter and mail a revalidation letter to the special payment or correspondence address of the provider/supplier. If the provider/supplier does not respond to the revalidation letter, the Medicare contractor will revoke all practice locations.
- **Scenario 2:** If a provider/supplier has two or more PTANs and multiple practice locations, the contractor will deactivate the practice location of the returned letter(s) and mail a revalidation letter to the provider's special payment or correspondence address. If the provider does not respond for all PTANs, the contractor will revoke all practice locations. If the provider responds for only one of the PTANs, the contractor will deactivate the practice locations of the PTANs for which there was no response.
- **Scenario 3:** If a letter is returned for a provider whose only practice location is a hospital or skilled nursing facility, the contractor will not deactivate that providers' PTAN, but will mail a follow-up letter and revalidation request to the provider's correspondence address.

The follow-up revalidation letter will explain the need to report current address information via a CMS-855 form.

Billing privileges will remain deactivated until the CMS-855 is received and processed. Claims for services rendered from the date of deactivation until the date of reactivation may not be payable per 42 Code of Federal Regulations (CFR) 424.516(d)(1)(iii) and 42 CFR 424.540(a)(2). Contractors will follow the procedures in the Program Integrity Manual Chapter 10 Section 13 to reactivate Medicare billing privileges.

Additional Information

If you have questions, please contact your Medicare carrier or MAC at their toll-free number which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

The official instruction, CR 6278, issued to your Medicare carrier or MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R626OTN.pdf> on the CMS website.

Following are the titles and brief descriptions of the fact sheets cited in the background above (along with their Web addresses) which may be downloaded from the CMS website:

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Fee-For-Service Provider Enrollment Reporting Responsibilities for Individual Physicians Enrolled in the Medicare Program

After enrolling in the Medicare Program, all physicians are responsible for maintaining and reporting changes in their Medicare enrollment information to their designated Medicare contractor. This fact sheet outlines such reportable events for physicians. (March 2009) (ICN# 901643)

Fee-For-Service Provider Enrollment Reporting Responsibilities for Individual Non-Physician Practitioners Enrolled in the Medicare Program

After enrolling in the Medicare Program, all non-physician practitioners are responsible for maintaining and reporting changes in their Medicare enrollment information to their designated Medicare contractor. This fact sheet outlines such reportable events for individual non-physician practitioners. (March 2009) (ICN# 901644)

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