

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



The Centers for Medicare & Medicaid Services is launching a new instrument for 2013 called the MAC Satisfaction Indicator (MSI). The MSI is a tool that measures providers' satisfaction with their Medicare claims administrative contractor(s). Your input will help your MAC to improve the services that they offer you. Participation is voluntary, but you must register to participate. Complete the application at <https://adobeformscentral.com/?f=eMRKPqaWpqMxNOmTQpSKDA> on the Internet. For more information, visit <http://www.cms.gov/Medicare/Medicare-Contracting/MSI> on the CMS website.

MLN Matters® Number: MM8341

Related Change Request (CR) #: CR 8341

Related CR Release Date: July 5, 2013

Effective Date: October 8, 2013

Related CR Transmittal #: R474PI

Implementation Date: October 8, 2013

Update to Chapter 15 of the Program Integrity Manual (PIM)

Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers submitting claims to Medicare contractors (fiscal intermediaries (FIs), carriers, Regional Home Health Intermediaries (RHHIs) and A/B Medicare Administrative Contractors (A/B MACs)) for services to Medicare beneficiaries.

Provider Action Needed

This article is based on Change Request (CR) 8341, which incorporates certain provider enrollment policy and operational clarifications into chapter 15 of the "Program Integrity Manual" (PIM).

Background

The key clarifications/updates of interest to providers are as follows:

Disclaimer

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- If a contractor **returns** an enrollment revalidation application, the contractor shall – unless an existing Centers for Medicare & Medicaid Services (CMS) instruction or directive dictates otherwise - deactivate the provider's Medicare billing privileges under 42 CFR 424.535(a)(1) if the applicable time period for submitting the revalidation application has expired.
- If a contractor **returns** a revalidation application and the applicable time period for submitting the revalidation application has not expired, the contractor shall deactivate the provider's billing privileges after the applicable time period expires unless the provider has resubmitted the revalidation application. If the provider resubmits the revalidation application and the contractor returns it again, rejects it, or denies it, the contractor shall - unless an existing CMS instruction or directive dictates otherwise – deactivate the provider's billing privileges, assuming the applicable time period has expired.
- If the contractor **rejects or denies** a revalidation application, the contractor shall – unless an existing CMS instruction or directive dictates otherwise - deactivate the provider's Medicare billing privileges under 42 CFR 424.535(a)(1) if the applicable time period for submitting the revalidation application has expired.
- If the contractor **rejects or denies** a revalidation application and the applicable time period for submitting the revalidation application has not expired, the contractor shall deactivate the provider's billing privileges after the applicable time period expires unless the provider has resubmitted the revalidation application. If the provider resubmits the revalidation application and the contractor rejects it again, returns it, or denies it, the contractor shall - unless an existing CMS instruction or directive dictates otherwise – deactivate the provider's billing privileges, assuming the applicable time period has expired.
- Absent a CMS instruction or directive to the contrary, the contractor shall send a denial letter to the provider or supplier (1) no later than 5 business days after the contractor concludes that the provider or supplier's application should be denied, or (2) if the denial requires prior CMS authorization, no later than 5 business days after CMS notifies the contractor of such authorization.

Additional Information

The official instruction, CR 8341 issued to your Medicare contractor regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R474PI.pdf> on the CMS website.

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

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