

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 542	Date: AUGUST 21, 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NOTE: Transmittal 542, dated August 21, 2009 is rescinded and replaced by Transmittal 558, dated September 14, 2009.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