

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 556</b>	<b>Date: September 14, 2009</b>
	<b>Change Request 6485</b>

**NOTE: Transmittal 535, dated August 21, 2009 is rescinded and replaced by Transmittal 556, dated September 14, 2009. This instruction erroneously referenced Electronic Funds Transfer (EFT) in BR 6485.1 and was deleted along with BR 6485.3. Also, the effective and implementation dates were changed. The instruction has been revised and all other information remains the same.**

**Subject: Part B Organizational Supplier 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 Part B organizational supplier 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-*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: 556	Date: September 14, 2009	Change Request: 6485
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**SUBJECT: Part B Organizational Supplier 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 Part B organizational supplier billers within each state for each contractor’s identification number.

**B. Policy:** Consistent with the Federal Regulations found at 42 CFR 424.515 and Section 9 of Chapter 10 of the Program Integrity Manual (PIM), suppliers are required to revalidate their enrollment information every 5 years.

## II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)										
		A / B  M A C	D M B  M A C	F I  I  E R	C A R R I E R	R H I  I  E R	Shared-System Maintainers				O T H E R	
						F I S S	M I S S	V I S S	C M S F	W F		
6485.1	All carriers and A/B MACs shall create a list of and begin revalidating their current top 50 billing (based on amount billed within the prior quarter or calendar year, whichever is easier), Part B organizational suppliers, including groups/clinics (group members shall not revalidated), within each state for each of their contractor identification numbers that do not have an established record in the Provider Enrollment, Chain and Ownership System (PECOS).	X			X							
6485.2	The carriers and A/B MACs shall follow the revalidation instructions found in Section 9 of Chapter 10 of the Program Integrity Manual (PIM).	X			X							
6485.3	This requirement has been removed.											
6485.4	The Division of Provider and Supplier Enrollment	X			X							

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M B  M A C	F I  M A C	C A R R I E R	R H I  I S S	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	(DPSE) expects that each carrier and A/B MAC shall mail initial revalidation letters to the selected Part B organizational suppliers within 30 days of issuance of this change request.										
6485.5	Each carrier and A/B MAC shall send the list of selected Part B organizational suppliers and a status report at 30, 60 and 90 days after implementation to their DPSE liaison or DPSE BFL. This list/report shall contain the following data: Supplier 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 / B  M A C	D M B  M A C	F I  M A C	C A R R I E R	R H I  I S S	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	None.										

### 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), Carriers, and Regional Home Health Intermediaries (RHHIs)*:**

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.