

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 622	Date: January 15, 2010
	Change Request 6449

Transmittal 566, dated October 2, 2009 is being rescinded and replaced by Transmittal 622, dated January 15, 2010. The word “Annual” was removed from the Subject line. In the Summary of Changes and in Section A. Background, “begin an annual” has been replaced with “perform a” and “remain” has been replaced with “are”. Business requirement 6449.2 has been modified to change the extract run date from “first week of March” to “second week of April 2010”. All other information remains the same.

SUBJECT: Systematic Synchronization of Medicare Participating Physician or Supplier Agreement (PAR) Status Between the Multi Carrier System (MCS) Provider Enrollment, Chain and Ownership System (PECOS)

I. SUMMARY OF CHANGES: Since contractors are able to directly input the provider/supplier PAR status into MCS with the use of Action Reason Code (AR) 03, a number of PAR eligible providers/suppliers are missing the PAR Status indicator in the PECOS. To synchronize PECOS with MCS, CMS will perform a data exchange between MCS and PECOS to ensure both systems are synchronized with the most current PAR information.

New / Revised Material

Effective Date: January 1, 2010

Implementation Date: January 4, 2010

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): N/A

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

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SUBJECT : Systematic Synchronization of Medicare Participating Physician or Supplier Agreement (PAR) Status Between the Multi Carrier System (MCS) and Provider Enrollment, Chain and Ownership System (PECOS)

Effective Date: January 1, 2010
Implementation Date: January 4, 2010

I. GENERAL INFORMATION

A. Background: Since contractors are able to directly input the provider/supplier PAR status into MCS with the use of Action Reason Code (AR) 03, a number of PAR eligible individual suppliers are missing the PAR Status indicator in the PECOS. To synchronize PECOS with MCS, CMS will perform a data exchange between MCS and PECOS to ensure both systems are synchronized with the most current PAR information.

B. Policy: CMS is taking the necessary steps to ensure that all enrollment and claims data remain synchronized.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6449.1	MCS shall generate an electronic extract out of the base system listing all “active” individual suppliers rendering services in a private practice setting (option code 3 and record type 0) with “Provider Action Reason Code (A/R) 03 – Medicare B participation”, indicating their current PAR status and the effective date. The extract file shall not include AR 03 records that also contain any of the following AR codes: AR 06, 08, 31, 32, 33, 35, 36, 38, 46, 61 and 72.							X			
6449.2	The PECOS contractor shall run this extract against PECOS by the second week of April 2010.										PECOS
6449.3	The format and content of the MCS extract report of supplier par statuses shall be determined as part of the implementation plan developed between MCS, CMS and the PECOS contractor.							X			PECOS

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							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:

Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

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)*: N/A