

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 505	Date: JUNE 19, 2009
	Change Request 6517

Subject: Medicare Part B Radiation Therapy Centers Supplier Enrollment Revalidation

I. SUMMARY OF CHANGES: The Centers for Medicare and Medicaid Services (CMS) will begin a limited provider revalidation effort in fiscal year (FY) 2009. This revalidation effort will focus on all Radiation Therapy Centers (RTCs) within each state for each contractor's identification number. Based on information obtained from PECOS, CMS currently pays approximately 200 organizations enrolled as Radiation Therapy Centers. To ensure that CMS is only enrolling and paying eligible organizations, CMS is conducting a revalidation effort to re-enroll these suppliers to ensure they continue to be a statutorily eligible supplier type.

New / Revised Material

Effective Date: July 20, 2009

Implementation Date: July 20, 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: 505	Date: June 19, 2009	Change Request: 6517
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SUBJECT: Medicare Part B Radiation Therapy Centers Supplier Enrollment Revalidation

Effective Date: July 20, 2009

Implementation Date: July 20, 2009

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) will begin a limited provider revalidation effort in fiscal year (FY) 2009. This revalidation effort will focus on all Radiation Therapy Centers (RTCs) within each state for each contractor’s identification number. Based on information obtained from PECOS, CMS currently pays approximately 200 organizations enrolled as Radiation Therapy Centers. To ensure that CMS is only enrolling and paying eligible organizations, CMS is conducting a revalidation effort to re-enroll these suppliers to ensure they continue to be a statutorily eligible supplier type.

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. Specifically, 42 CFR 424.515 (d) permits CMS to conduct off cycle revalidations in addition to the regular 5-year revalidation cycle.

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 M A C	C A R T H I E R	R H I S S	Shared-System Maintainers				O T H E R
					F I S S	M I S S	V M S	C M S	W F		
6517.1	Each carrier or A/B MAC shall mail initial revalidation/re-enrollment letters to all RTCs within 30 days of issuance of this change request. These letters shall include instructions encouraging the supplier to use PECOS web to submit their revalidation.	X			X						
6517.2	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						
6517.3	If the RTC no longer qualifies as a valid supplier type, the carrier or A/B MAC shall revoke the RTC in accordance with procedures found in Chapter 10, Section 13.2, of the Program Integrity Manual, and	X			X						

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				OT H ER
						F I S S	M C S	V M S	C W F		
	accord full appeal rights. The date of revocation will be 30 days from the issuance of the revocation letter.										
6517.4	Each carrier and A/B MAC shall send a list of the RTCs 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: RTC 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	D M E	F I	C A R R I E R	R H I	Shared-System Maintainers				OT H 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.