

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 539	Date: August 21, 2009
	Change Request 6494

Subject: Medicare Part B Slide Preparation Facility 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 Slide Preparation Facilities (SPF) within each state for each contractor's identification number. Based on information obtained from PECOS, CMS currently pays approximately 50 organizations enrolled as Slide Preparation Facilities. To ensure that CMS is only enrolling and paying eligible organizations, CMS is conducting a revalidation effort of these suppliers to confirm they are properly State certified and licensed, if applicable, including Clinical Laboratory Improvement Act (CLIA) certified when applicable, to bill Medicare for the laboratory services they provide.

New / Revised Material

Effective Date: September 21, 2009

Implementation Date: September 21, 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

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SUBJECT: Medicare Part B Slide Preparation Facility Supplier Enrollment Revalidation

Effective Date: September 21, 2009

Implementation Date: September 21, 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 Slide Preparation Facilities (SPF) within each state for each contractor's identification number. Based on information obtained from PECOS, CMS currently pays approximately 50 organizations enrolled as Slide Preparation Facilities. To ensure that CMS is only enrolling and paying eligible organizations, CMS is conducting a revalidation effort of these suppliers to confirm they are properly State certified and licensed, if applicable, including Clinical Laboratory Improvement Act (CLIA) certified when applicable, to bill Medicare for the laboratory services they provide.

B. Policy: Consistent with the Federal Regulations found at 42 CFR 424.515 and § 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 E M A C	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	
6494.1	Each carrier or A/B MAC shall mail initial revalidation/re-enrollment letters to all SPFs within 30 days of issuance of this change request.	X			X						
6494.2	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						
6494.3	Each carrier and A/B MAC shall include a cover letter with language explaining that the SPF must be State certified and licensed, if applicable, including having a CLIA certificate when applicable for any laboratory services requiring such documents to qualify to bill Medicare for the laboratory services rendered and billed.	X			X						
6494.4	If the SPF does not meet the requirements stated in BR 6494.3, or is currently billing for services not properly qualified to perform, the carrier or A/B MAC shall revoke the SPF in accordance with procedures found in Chapter 10, Section 13.2, of the Program Integrity Manual, and accord full appeal rights. The date of revocation will be 30 days from the issuance of the	X			X						

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	
	revocation letter.										
6494.5	Each carrier and A/B MAC shall send a list of the Slide Preparation Facilities 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: SPF name, PTAN, date revalidation letter sent, date of response and final disposition with date completed.	X			X						
6494.6	Carriers and A/B MACs shall complete this revalidation effort within 6 months of issuance of this change request.	X			X						

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				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 Carriers (RHHs)*:

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.