

<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 713</b>	<b>Date: June 4, 2010</b>
	<b>Change Request 6885</b>

**SUBJECT: Hospital Provider Enrollment Revalidation**

**I. SUMMARY OF CHANGES:** This Center for Medicare and Medicaid Services (CMS) revalidation effort will focus on all hospitals that are currently billing Medicare and are not in the Provider Enrollment, Chain and Ownership System (PECOS) within each State for each contractor's identification number.

**EFFECTIVE DATE: July 4, 2010**

**IMPLEMENTATION: July 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/revise 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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**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

<b>Pub. 100-20</b>	<b>Transmittal: 713</b>	<b>Date: June 4, 2010</b>	<b>Change Request: 6885</b>
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**SUBJECT: Hospital Provider Enrollment Revalidation**

**Effective Date:** July 4, 2010

**Implementation Date:** July 4, 2010

## I. GENERAL INFORMATION

**A. Background:** This Centers for Medicare & Medicaid Services (CMS) revalidation effort will focus on all hospitals that are currently billing Medicare and are not in the Provider Enrollment, Chain and Ownership System (PECOS) within each State for each contractor’s identification number and that all hospitals have current Electronic Funds Transfers agreements in place.

**B. Policy:** Consistent with the Federal Regulations found at 42 CFR 424.515 and Publication 100-08 Medicare Program Integrity Manual Chapter 10 § 9, providers 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 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	
6885.1	Within 30 days from the issuance of this change request, all FIs and A/B MACs shall create a list of all hospitals (including Critical Access Hospitals) that are currently billing Medicare and do not have an established enrollment record in PECOS for each State under their contractor identification number(s) to begin revalidating.	X		X							
6885.2	The FIs and A/B MACs shall follow the revalidation instructions found in Publication 100-08 Medicare Program Integrity Manual Chapter 10 Section 9. NOTE: Revalidation of enrollment information does not require a new survey.	X		X							
6885.2.1	FIs and A/B MACs shall not revoke these hospitals if they do not comply with the revalidation request.	X		X							
6885.2.2	FIs and A/B MACs shall report these hospitals to the Division of Provider and Supplier Enrollment (DPSE) Business Function Lead, DPSE Liaison and Project Officer for further action	X		X							
6885.3	FIs and A/B MACs shall begin mailing initial revalidation letters to the selected hospitals 30 days after issuance of this change request.	X		X							
6885.3.1	FIs and A/B MACs with multiple States may stagger the mailings at the rate of one State every 30 days not to exceed 5 months to complete all initial mailings.	X		X							
6885.3.2	If additional time is needed due to workload volume, the FIs and A/B MACs shall work with their DPSE liaison to ensure the revalidations are completed by December 01, 2010.	X		X							
6885.4	Once implemented, each FI and A/B MAC shall send a list of the selected hospitals to their DPSE liaison and DPSE Business Function Lead (BFL) containing the following data: Legal Business of Hospital, National Provider Number (NPI), and Tax Identification	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	
	Number (TIN).										
6885.4.1	Each FI and A/B MAC shall send a status report at 30-day intervals containing the following data: Number of hospitals not in PECOS, Number of revalidation request mailed, Number of revalidation applications received, Number of revalidation applications completed, until all revalidations are completed.	X		X							
6885.5	FIs and A/B MACs shall request a CMS 588 form from all hospitals that do not have a current EFT agreement on file.	X		X							
6885.6	Each FI and A/B MAC shall send a list of the hospitals without current EFT agreements to their DPSE liaison and DPSE Business Function Lead (BFL) containing the following data: Legal Business of Hospital, National Provider Number (NPI), and Tax Identification Number (TIN).	X		X							
6885.6.1	Each FI and A/B MAC shall send a status report at 30-day intervals containing the following data: Number of hospitals without EFT agreements in PECOS, Number of EFT agreements requested, Number of EFT agreements received and Number of EFT agreements processed, until all hospitals have current EFT agreements in place	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				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: 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)*:**

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.