CMS Guidance Document	Department of Health & Human Services (DHHS)
Pub 100-06 Medicare Financial Management	**Centers for Medicare & Medicaid Services (CMS)**
Executive Guidance Number 0049	**Date: SEPTEMBER 5, 2007**
Planned Web Site Address http://www.cms.hhs.gov/manuals/	**Release planned: 09/19/07**

PROGRAM AREA: Participating Physicians Report

SUBJECT: Participating Physicians Report—Deletion of Requirement to Forward a Memorandum to CMS Detailing Adjustments to Form F Column 1 (PAR Prior) (from previous enrollment period)

APPLIES TO: Contractors

SUMMARY OF DOCUMENT: This instruction deletes the following text from Chapter 6, Subsection 400.2 of the Medicare Financial Management Manual, as it is now obsolete.

"It informs CMS by memorandum if the numbers are different. It includes in its description the specialty number, column, and the reason for the change. It sends the memorandum to:
CMS, BPO, OAS, Analysis
S3-11-26
7500 Security Blvd."
Baltimore, MD 21244

II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)
STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER / SECTION / SUBSECTION / TITLE
R	6/400/400.2./Definitions of Columns One Through Eight

III. CLEARANCES:

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Tim Hill, Director and Chief Financial Officer, OFM, 410) 786-5448
Agency POC	Kenneth Frank, OFM/BAG/DPM, (410) 786-5659

IV. TYPE (Check appropriate boxes for type of guidance)

	Audit Guide
X	**Change Request**
	HPMS
	Joint Signature Memorandum/Technical Director Letter
	Manual Transmittal/Non-Change Request
	State Medicaid Director Letters
	Other

V. STATUTORY OR REGULATORY AUTHORITY: N/A

Attachment - Business Requirements

Pub. 100-06	Transmittal:	Date:	Change Request: 5697

SUBJECT: Participating Physicians Report - Deletion of Requirement to Forward a Memorandum to CMS Detailing Adjustments to Form F Column 1 (PAR Prior) (from previous enrollment period).

EFFECTIVE DATE: January 1, 2008

IMPLEMENTATION DATE: January 7, 2008

I. GENERAL INFORMATION

A. Background: Re: Participating Physicians Report - Deletion of the requirement to forward a memorandum to CMS detailing adjustments to Form F Column 1 (PAR Prior) (from the previous enrollment period).

B. Policy: To delete from the Medicare Financial Manual, Chapter 6, Subsection 400.2, the requirement as described under A. The actual adjustment(s) are reflected in the data provided and as such, negate the requirement for a memorandum.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
5697.1	Contractors are no longer required to submit a memorandum which details adjustments made to Form F Column 1. (decrease/increase in the number of physicians participating in Medicare since the end of the previous enrollment period).	X			X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A/B MAC	DME MAC	FI	CARRIER	DMERC	RHHI	Shared-System Maintainers				OTHER
								FISS	MCS	VMS	CWF	
	None.											

IV. SUPPORTING INFORMATION

A. For any recommendations and supporting information associated with listed requirements, use the box below:
Use "Should" to denote a recommendation.

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

B. For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s): Ken Frank (410.786.5659) kenneth.frank@cms.hhs.gov

Post-Implementation Contact(s): Ken Frank (410.786.5659) kenneth.frank@cms.hhs.gov

VI. FUNDING

A. ***For Fiscal Intermediaries, Carriers;***

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2008 operating budgets.

B. ***For Medicare Administrative Contractors (MAC), DME MACs*****;**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). 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.

400.2 - Definitions of Columns One Through Eight

(Rev.)

Column 1 - Participating Physicians/LLPs/Suppliers - Prior - A count of the number of physicians, limited license practitioners (LLPs), and suppliers participating prior to the beginning of the latest enrollment period.

> **NOTE:** The carrier adjusts this data if there are changes from the information submitted in column 2 on the previous enrollment period.

Examples of possible reasons for changes to the data include:

- Addition of new physicians to the Medicare file;
- Reclassification of physicians, LLPs, and suppliers between specialty designations;
- Deletion of deceased or retired physicians from the Medicare file; or
- Technical corrections to previously submitted data.

Column 2 - Participating Physicians/LLPs/Suppliers - Current - The number of physicians, LLPs, and suppliers who are continuing as participants from the prior participation period into the new participation period and the number who have **newly** signed participation agreements in the latest enrollment period.

Column 3 - Participating Physicians/LLPs/Suppliers - Continuing - Only the number of physicians, LLPs, and suppliers **continuing** as participants from the prior participation period into the new participation period, not including those who have newly signed participation agreements in the latest enrollment period or those who have dropped out.
Column 4 - Non-Participating Physicians/LLPs/Suppliers - Prior - A count of physicians, LLPs, and suppliers not participating at the beginning of the latest enrollment period.

> **NOTE:** The carrier adjusts this data if the information is different from that submitted in column 5 on the previous enrollment period. (See column 1 for further information.)

Column 5 - Non-Participating Physicians/LLPs/Suppliers - Current - A count of physicians, LLPs, and suppliers not participating after the latest enrollment period, including those who were not participating at the beginning of the latest enrollment period and chose not to enroll and those who disenrolled during the latest period.

Column 6 - Participating Drop-Out - Current - Physicians, LLPs, and suppliers who, prior to this enrollment period, were participating in the program and have now decided to drop out.

Column 7 - Non-Participating Sign-Up - Current - Physicians, LLPs, and suppliers who were non-participating prior to the latest enrollment period and who enrolled in the program during the latest enrollment period.

Column 8 - Participating Disenrolls - Only the number of participants who disenrolled from the Medicare program during an authorized disenrollment period held during the past 12 months. This is blank unless CMS declares an authorized disenrollment period.