CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-20 One-Time Notification	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 626	**Date: January 29, 2010**
	Change Request 6278

Transmittal 568, dated October 2, 2009, is rescinded and replaced by Transmittal 626. This revised change request includes specific clarifying instructions for processing three possible scenarios that may occur in this initiative. The additional instructions may be found in Business Requirements 6278.2.4 and 6278.3.4. These clarifications were derived from two contractor conference calls held on December 15, 2009 and January 22, 2010. All other information remains the same.

SUBJECT: One-Time Mailing of Supplier Responsibilities Letter - Individual Practitioners Only

I. SUMMARY OF CHANGES: Currently, CMS and the Medicare contractors conduct general outreach to physicians and non-physician practitioners about their reporting responsibilities. This change request is a continuation of this outreach.

NEW / REVISED MATERIAL
EFFECTIVE DATE: NOVEMBER 2, 2009
IMPLEMENTATION DATE: NOVEMBER 2, 2009 (March 1, 2010 FOR BUSINESS REQUIREMENTS 6278.2.4 AND 6278.3.4)

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):
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: 626	Date: January 29, 2010	Change Request: 6278

Transmittal 568, dated October 2, 2009, is rescinded and replaced by Transmittal 626. This revised change request includes specific clarifying instructions for processing three possible scenarios that may occur in this initiative. The additional instructions may be found in Business Requirements 6278.2.4 and 6278.3.4. These clarifications were derived from two contractor conference calls held on December 15, 2009 and January 22, 2010. All other information remains the same.

SUBJECT: One-Time Mailing of Supplier Responsibilities Letter – Individual Practitioners Only

EFFECTIVE DATE: NOVEMBER, 2, 2009
IMPLEMENTATION DATE: NOVEMBER 2, 2009 (March 1, 2010 FOR BUSINESS REQUIREMENTS 6278.2.4 AND 6278.3.4)

I. GENERAL INFORMATION

A. Background: Currently, the Centers for Medicare & Medicaid Services and the Medicare contractors conduct general outreach to physicians and non-physician practitioners about their reporting responsibilities.

B. Policy: To ensure that all physicians and non-physician practitioners understand their Medicare reporting responsibilities and report changes in a timely manner, Medicare contractors will conduct targeted outreach to these individual practitioners.

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	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6278.1	Contractors shall notify all physician and non-physician practitioners of their reporting responsibilities using CMS developed materials currently found at: http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/PhysicianReportingResponsibilities.pdf and http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/Non-PhysicianReportingResponsibilities.pdf via established communication channels (i.e., listserv announcements, bulletins).	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6278.2	Contractors shall also do a one-time mailing of this material to every practice location of every active physician who is a sole proprietor.	X			X						
6278.2.1	Contractors shall retrieve the most current version of this material and reproduce hardcopies locally for mailing.	X			X						
6278.2.2	Contractors shall retrieve these addresses from their Medicare Claims System (MCS) by the specified implementation date using "Do Not Forward" (DNF) envelops as prescribed in the "Do Not Forward Initiative" instructions found at Pub. 100-04, Medicare Claims Processing Manual, chapter 1, section 80.5.1.	X			X						
6278.2.3	Contractors shall complete this one-time mailing by November 30, 2009.	X			X						
6278.2.4	Contractors shall deactivate the billing privileges of the practice locations associated with the PTAN of any letter returned by the post office if the contractor does not already have a change of address enrollment application pending based on the following three scenarios: **Scenario 1** - If the provider has one PTAN and multiple practice locations contractors are to deactivate the practice location of the returned letter and mail a revalidation letter to the special payment or correspondences address for the supplier. If the provider does not respond to the revalidation request, contractors shall revoke all practice locations. **Scenario 2** - If a provider has two or more PTANs and multiple practice locations, the contractor shall deactivate the practice location of the returned letter(s) and mail a revalidation letter to the provider's special payment or correspondence address. If the provider does not respond for all PTANs, the contractors shall revoke all practice locations. If the provider responds for only 1 of the PTANs the contractor shall deactivate the non-responded to PTAN(s) and note this revoked PTAN your provider file. **Scenario 3** – If a letter is returned for a provider whose only practice location is a hospital or skilled nursing home the contractor shall not deactivate that providers'	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	PTAN. In this scenario, contractors shall still mail a follow-up letter and revalidation request to the providers' correspondence address.										
6278.2.5	Contractors shall then mail a revalidation letter with another copy of the responsibilities letter to the special payment or correspondence address of the provider. The contractor shall determine the most feasible address to use for this mailing. Billing privileges will remain deactivated until the CMS-855 is received and processed. Claims for services rendered from the date of deactivation until the date of reactivation shall not be payable per 42 CFR 424.516(d)(1)(iii) and 42 CFR 424.540(a)(2), unless the provider was not at fault (i.e., post office returned in error).	X			X						
6278.2.6	Contractors shall follow the procedures in Pub. 100-08, Program Integrity Manual, chapter 10, section 13, to reactivate or revoke Medicare billing privileges.	X			X						
6278.2.7	Each contractor shall send a status report at 30, 60 and 90 days after the initial mailing to their Division of Provider Supplier Enrollment (DPSE) liaison or DPSE Business Function Lead. This report shall contain the following data: number of letters mailed, number of letters returned, number of PTANs deactivated, number resolved via CMS-855 revalidation request, and the number ultimately revoked.	X			X						
6278.3	Contractors shall also do a one-time mailing of the material referenced in Business Requirement 6278.1, to every practice location of every active non-physician who is a sole proprietor.	X			X						
6278.3.1	Contractors shall retrieve the most current version of this material and reproduce hardcopies locally for mailing.	X			X						
6278.3.2	Contractors shall retrieve these addresses from their Medicare Claims System (MCS), by the specified implementation date using "Do Not Forward" envelops as prescribed in the "Do Not Forward Initiative" instructions found at Pub. 100-04, Medicare Claims Processing Manual, chapter 1, section 80.5.1.	X			X						
6278.3.3	Contractors shall complete this one-time mailing by December 31, 2009.	X			X						
6278.3.4	Contractors shall deactivate the billing privileges of all practice locations associated with the PTAN for any letter returned by the post office if the contractor does	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	not already have a change of address enrollment application pending based on the following three scenarios: **Scenario 1** - If the provider has one PTAN and multiple practice locations contractors are to deactivate the practice location of the returned letter and mail a revalidation letter to the special payment or correspondences address for the supplier. If the provider does not respond to the revalidation request, contractors shall revoke all practice locations. **Scenario 2** - If a provider has two or more PTANs and multiple practice locations, the contractor shall deactivate the practice location of the returned letter(s) and mail a revalidation letter to the provider's special payment or correspondence address. If the provider does not respond for all PTANs, the contractors shall revoke all practice locations. If the provider responds for only 1 of the PTANs the contractor shall deactivate the non-responded to PTAN(s) and note this revoked PTAN your provider file. **Scenario 3** – If a letter is returned for a provider whose only practice location is a hospital or skilled nursing home the contractor shall not deactivate that providers' PTAN. In this scenario, contractors shall still mail a follow-up letter and revalidation request to the providers' correspondence address.										
6278.3.5	Contractor shall then mail a revalidation letter with another copy of the responsibilities letter to the special payment or correspondence address of the provider. The contractor shall determine the most feasible address to use for this mailing. Billing privileges will remain deactivated until the CMS 855 is received and processed. Claims for services rendered from the date of deactivation until the date of reactivation shall not be payable per 42 CFR 424.516(d)(1)(iii) and 42 CFR 424.540(a)(2), unless the provider was not at fault (i.e., post office returned in error).	X			X						
6278.3.6	Contractors shall follow the procedures in Pub. 100-08, Program Integrity Manual, chapter 10, section 13, to reactivate or revoke Medicare billing privileges.	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6278.3.7	Each contractor shall send a status report at 30, 60, and 90 days after the initial mailing to their Division of Provider Supplier Enrollment (DPSE) liaison or DPSE Business Function Lead. This report shall contain the following data: Number of letters mailed, number of letters returned, number of PTANs deactivated, number resolved via CMS-855 revalidation request, and the number ultimately revoked.	X			X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
6278.4	A provider education article related to this instruction will be available at: http://www.cms.hhs.gov/MLNMattersArticles/ shortly after this CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in maintaining Medicare provider enrollment data correctly.	X			X						

IV. SUPPORTING INFORMATION

Section 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	

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Michael Collett OFM/DPSE (410) 786-6121)
Post-Implementation Contact(s): Michael Collett OFM/DPSE (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.