

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 627	Date: January 29, 2010
	Change Request 6755

SUBJECT: Carriers and Part A and Part B Medicare Administrative Contractors (A/B MACs) to Fully Populate the Provider Enrollment, Chain and Ownership System (PECOS)

I. SUMMARY OF CHANGES: CMS will begin a provider revalidation effort in calendar year 2010 for the providers not in PECOS. All carriers and A/B MACs shall run the Multi-Carrier System. Providers not enrolled in PECOS (H99RVPCS), report listing the active provider within 10 days of the implementation date of this change request. All carriers and A/B MACs shall send CMS business function lead or liaison and MAC contracting officer's technical representative an implementation plan to revalidate the providers not in PECOS within 12 months. The implementation plan shall include a unit cost for Internet-based PECOS applications and CMS-855 paper application. Contractors should anticipate an implementation CR in March 2010.

NEW / REVISED MATERIAL

EFFECTIVE DATE: March 15, 2010

IMPLEMENTATION DATE: March 15, 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/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

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SUBJECT: Carriers and Part A and Part B Medicare Administrative Contractors (A/B MACs) to Fully Populate the Provider Enrollment, Chain and Ownership System (PECOS)

EFFECTIVE DATE: March 15, 2010

IMPLEMENTATION DATE: March 15, 2010

I. GENERAL INFORMATION

A. Background: The Centers for Medicare & Medicaid Services (CMS) will begin a provider revalidation effort in calendar year 2010 for the providers not in PECOS. All carriers and A/B MACs shall run the Multi-Carrier System (MCS). Providers not enrolled in PECOS (H99RVPCS), report listing the active provider within 10 days of the implementation date of this change request (CR). All carriers and A/B MACs shall send their CMS provider enrollment business function lead (BFL) or liaison and MAC contracting officer’s technical representative (COTR) an implementation plan to revalidate the providers not in PECOS within 12 months. The implementation plan shall include a unit cost for Internet-based PECOS applications and CMS-855 paper application. Contractors should anticipate an implementation CR in FY 2011.

B. Policy: Consistent with the Federal Regulations found at 42 CFR 424.515 and Pub. 100-08, PIM, Chapter 10, Medicare Provider/Supplier Enrollment, Section 9, Revalidations, suppliers are required to revalidate their enrollment information every 5 years.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M M A C	F I	C A R E R	R H I	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
6755.1	All carriers and A/B MACs shall run the MCS providers not enrolled in PECOS (H99RVPCS). Report within 10 days from the implementation date of this CR for <u>each</u> State for each of their contractor identification numbers.	X			X						
6755.2	All carriers and A/B MACs shall send a copy of their active providers only on the report to their assigned CMS provider enrollment BFL or liaison and MAC COTR, along with an implementation plan including a unit cost for Internet-based PECOS applications and CMS-855 paper application to complete the revalidation within 12	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				OTH ER
		M A C	M A C				F I S S	M C S	V M S	C W F	
	months.										
6755.2.1	Contractor may submit, in addition to the 12 month plan, a separate implementation plan if the contractor would like CMS to consider more time than the 12 months requested in BR 6755.2.	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				OTH ER
		M A C	M A C				F I S S	M C S	V M S	C W F	

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

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Post-Implementation Contact(s): Sandra Olson Sandra.olson@cms.hhs.gov or Patricia Peyton Patricia.peyton@cms.hhs.gov

VI. FUNDING

Section A: 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.

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.