CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 532	**Date: August 14, 2009**
	Change Request 6467

SUBJECT: Deactivation Letter for the Multi-Carrier System (MCS)

I. SUMMARY OF CHANGES: To ensure that providers/suppliers are notified that their Medicare billing privileges have been deactivated, MCS shall systematically generate a letter when a Part B deactivation occurs and when the Provider Enrollment Chain and Ownership System (PECOS) notifies MCS about a deactivation.

New / Revised Material
Effective Date: January 1, 2010
Implementation Date: January 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/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: 532	Date: August 14, 2009	Change Request: 6467

SUBJECT: Deactivation Letter for the Multi-Carrier System (MCS)

Effective Date: January 1, 2010

Implementation Date: January 4, 2010

I. GENERAL INFORMATION

A. Background: Change Request (CR) 5676, Transmittal 298, established a monthly systematic deactivation process for deactivating Medicare billing privileges for provider/suppliers that had not billed the Medicare program for 12 consecutive months.

To ensure that providers/suppliers are notified that their Medicare billing privileges have been deactivated, MCS shall systematically generate a letter when a Part B deactivation occurs. Letters can be mailed by either MCS or the A/B MAC or Carrier.

B. Policy: The CMS policy regulation requiring the above action to deactivate non-billing providers and suppliers can be found at 42 CFR §424.540. This Change Request outlines a systematic approach to notify providers/suppliers who have had their billing privileges deactivated after 12 consecutive months of non-billing.

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	
6467.1	Contractors shall systematically generate a letter to the provider/supplier when a Part B deactivation occurs due to non-billing for 12 consecutive months.							X			
6467.2	Contractors shall use the attached language in the deactivation notification letters. This letter can be modified as needed.							X			
6467.2.1	Contractors shall address/mail the letter to the provider/suppliers Pay To address on the MCS master provider file.	X			X			X			
6467.3	Contractors shall begin generating letters when the January 2010 deactivations are processed.							X			
6467.3.1	Contractors shall mail the deactivations letters within 5-7 days of the deactivation run after the 15th of each month.	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	
	None.										

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:

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

V. CONTACTS

Pre-Implementation Contact(s): Alisha Banks, Alisha.Banks@cms.hhs.gov, 410-786-0671

Post-Implementation Contact(s): Alisha Banks, Alisha.Banks@cms.hhs.gov, 410-786-0671

VI. FUNDING

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

Funding for implementation activities will be provided to contractors through the regular budget process.

Section B: *For Medicare Administrative Contractors (MACs)*, include the following statement:

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.

Attachment

CMS alpha representation
Contractor

[Month Day & Year]

[Provider/Supplier Name]
[Address]
[City, State & ZIP Code]

RE: Notice of Deactivation of Medicare Billing Privileges

Dear [Insert Provider/Suppler name]:

This is to inform you that your Medicare Provider Transaction Access Number (PTAN) [insert PTAN] that is associated to the National Provider Identifier (NPI) [insert NPI] has been deactivated effective [insert effective date of deactivation] due to 12 consecutive months of non-billing. This decision is consistent with Medicare regulations found at 42 CFR §424.540.

To reactivate your Medicare billing privileges and to bill the Medicare program for services furnished to Medicare beneficiaries you must complete and submit a Medicare enrollment application. Providers and suppliers must meet all current Medicare requirements in place at the time of reactivation and will be issued a new PTAN. Providers and suppliers can re-enroll using the following options:

1. Internet-based Provider Enrollment, Chain and Ownership System (PECOS). To apply via the Internet-based PECOS, go to http://www.cms.hhs.gov/MedicareProviderSupEnroll/.

2. Paper application process. To apply by paper, download and complete the Medicare enrollment application(s) from the Centers for Medicare & Medicaid Services (CMS) website at http://www.cms.hhs.gov/MedicareProviderSupEnroll/. You should return the completed application(s) to your Medicare fee-for-service contractor or your Medicare Administrative Contractor (MAC). To locate the mailing address for your Medicare fee-for-service contractor or MAC go to the website above and click on the first download, titled "Medicare Fee-For-Service Contact Information."

If you have any questions regarding this letter, please contact your Medicare fee-for-service contractor or your MAC.

Sincerely,

[Insert Contractor Name}