



News Flash – Flu Season is upon us! CMS encourages providers to begin taking advantage of each office visit to encourage your patients with Medicare to get a seasonal flu shot; it's their best defense against combating seasonal flu this season. *(Medicare beneficiaries may receive the seasonal influenza vaccine without incurring any out-of-pocket costs. No deductible or copayment/coinsurance applies.)* For more information about Medicare's coverage of the seasonal influenza vaccine and its administration as well as related educational resources for health care professionals, please go to http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp on the CMS website.

MLN Matters® Number: MM6278

Related Change Request (CR) #: 6278

Related CR Release Date: October 2, 2009

Effective Date: November 2, 2009

Related CR Transmittal #: R568OTN

Implementation Date: November 2, 2009

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

Provider Types Affected

All physician and non-physician practitioners with Medicare billing privileges are affected.

Provider Action Needed



STOP – Impact to You

All physicians and non-physician practitioners must comply with Medicare reporting responsibilities and report relevant address and other enrollment changes in a timely manner. For example, failure to report an address change timely may affect your billing privileges and payment of claims.



CAUTION – What You Need to Know

The Centers for Medicare & Medicaid Services (CMS) has directed Medicare contractors (carriers and Medicare Administrative Contractors (MACs)) to notify all

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

sole proprietor physicians and non-physician practitioners of their reporting responsibilities with a one-time mailing. Contractors must complete this mailing to physicians, who are sole proprietors, by November 30, 2009, and to sole proprietor non-physician practitioners by December 31, 2009.



GO – What You Need to Do

You need to review the mailing and ensure that you have complied with the reporting responsibilities. Make sure your billing staffs are aware of these responsibilities.

Background

Currently, the CMS and the Medicare contractors conduct general outreach to physicians and non-physician practitioners about their reporting responsibilities. This article is based on change request (CR) 6278, which is a continuation of this outreach. The CMS has directed Medicare contractors to notify all physicians and non-physician practitioners of their reporting responsibilities using CMS developed fact sheets available at

<http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/PhysicianReportingResponsibilities.pdf> and

<http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/Non-PhysicianReportingResponsibilities.pdf> on the CMS website, via established communication channels (i.e., listserv announcements, bulletins, etc.).

Contractors must notify all active physicians and non-physician practitioners of their reporting responsibilities with a one-time mailing using the CMS developed materials cited above. Contractors must complete this mailing to sole proprietor physicians by November 30, 2009, and to sole proprietor non-physician practitioners by December 31, 2009.

Medicare contractors will deactivate the billing privileges for any physician or non-physician practitioner for whom the mail is returned as undeliverable and the contractor does not already have a change of address enrollment application pending from the physician or non-physician practitioner.

The Medicare contractor will then mail a revalidation letter with another copy of the responsibilities letter to any physician or non-practitioner practitioner whose billing privileges are deactivated. The contractor will determine the most feasible address to use in mailing this revalidation letter, which will explain the need to report current address information via a CMS-855 form.

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 may not be payable per 42 Code of Federal Regulations (CFR)

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

424.516(d)(1)(iii) and 42 CFR 424.540(a)(2). Contractors will follow the procedures in the Program Integrity Manual Chapter 10 Section 13 to reactivate Medicare billing privileges.

Additional Information

If you have questions, please contact your Medicare carrier or MAC at their toll-free number which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

The official instruction, CR 6278, issued to your Medicare carrier or MAC regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R568OTN.pdf> on the CMS website.

Following are the titles and brief descriptions of the fact sheets cited in the background above (along with their Web addresses) which may be downloaded from the CMS website:

Fee-For-Service Provider Enrollment Reporting Responsibilities for Individual Physicians Enrolled in the Medicare Program

After enrolling in the Medicare Program, all physicians are responsible for maintaining and reporting changes in their Medicare enrollment information to their designated Medicare contractor. This fact sheet outlines such reportable events for physicians. (March 2009) (ICN# 901643)

Fee-For-Service Provider Enrollment Reporting Responsibilities for Individual Non-Physician Practitioners Enrolled in the Medicare Program

After enrolling in the Medicare Program, all non-physician practitioners are responsible for maintaining and reporting changes in their Medicare enrollment information to their designated Medicare contractor. This fact sheet outlines such reportable events for individual non-physician practitioners. (March 2009) (ICN# 901644)

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.