

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 838	Date: January 21, 2011
	Change Request 7186

SUBJECT: Entering Re-enrollment Bars in Section 3 of the Provider Enrollment, Chain and Ownership System (PECOS)

I. SUMMARY OF CHANGES: CMS is providing temporary instructions to contractors on how to consistently enter the re-enrollment bar in section 3 of PECOS. This interim process shall remain in effect until the PECOS system changes are implemented to systematically add action reason codes to indicate the established re-enrollment bar.

EFFECTIVE DATE: February 22, 2011

IMPLEMENTATION DATE: February 22, 2011

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/revise 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-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:

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.

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: Entering Re-enrollment Bars in Section 3 of the Provider Enrollment, Chain and Ownership System (PECOS)

Effective Date: February 22, 2011

Implementation Date: February 22, 2011

I. GENERAL INFORMATION

A. Background: As stated in 42 CFR §424.535(c), after a provider, supplier, delegated official, or authorizing official that has had their billing privileges revoked, they are barred from participating in the Medicare program from the effective date of the revocation until the end of the re-enrollment bar. The re-enrollment bar is a minimum of 1 year, but not greater than 3 years depending on the severity of the basis for revocation.

Currently the contractor updates PECOS to reflect that the individual is prohibited from participating in Medicare for the 1, 2, or 3-year period. Contractors enter the description of the adverse legal action along with the enrollment bar imposed.

B. Policy: CMS is providing temporary instructions to contractors on how to consistently enter the re-enrollment bar in section 3 of PECOS. This interim process shall remain in effect until the PECOS system changes are implemented to systematically add action reason codes to indicate the established re-enrollment bar.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A D B M A C	D M M A C	F I I E R	C A R I E R	R H H I S S	Shared-System Maintainers				O T H E R
						F I S S	M I C S	V M S	C W F		
7186.1	Contractors shall revoke a provider or suppliers billing privileges in accordance with the instructions found in Pub. 100-08, Chapter 15, section 15.27.2.	X		X	X	X					
7186.2	Contractors shall apply the applicable re-enrollment bar in accordance with the instructions found in Pub.100-08, Chapter 15, section 15.27.2.	X		X	X	X					
7186.3	Contractors shall enter, in section 3 of PECOS, in the final adverse action section – revocation due to [insert description]; barred from Medicare for [insert number of years] years from [insert date]. (Maximum characters:	X		X	X	X					

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H H I S S	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	100)										
7186.3.1	Contractors shall enter, in the taken by section, the name of the contractor imposing the re-enrollment bar.	X		X	X	X					
7186.3.2	Contractor shall enter, in the resolution section, the end of the re-enrollment bar date and the state with which the re-enrollment bar applies.	X		X	X	X					
7186.4	When processing an application that already has adverse legal action listed in section 3, contractors shall view the history to ensure that the adverse legal action, with re-enrollment bar, does not apply to their current enrollment.	X		X	X	X					
7186.5	For providers or suppliers with multiple practice locations that expand across multiple states with different contractors, contractors shall contact their Division of Provider and Supplier Enrollment (DPSE) liaison or business function lead for further instructions on applying re-enrollment bars.	X		X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H H I S S	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
	None.										

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

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

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*, use only one of the following statements:

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)*, 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.