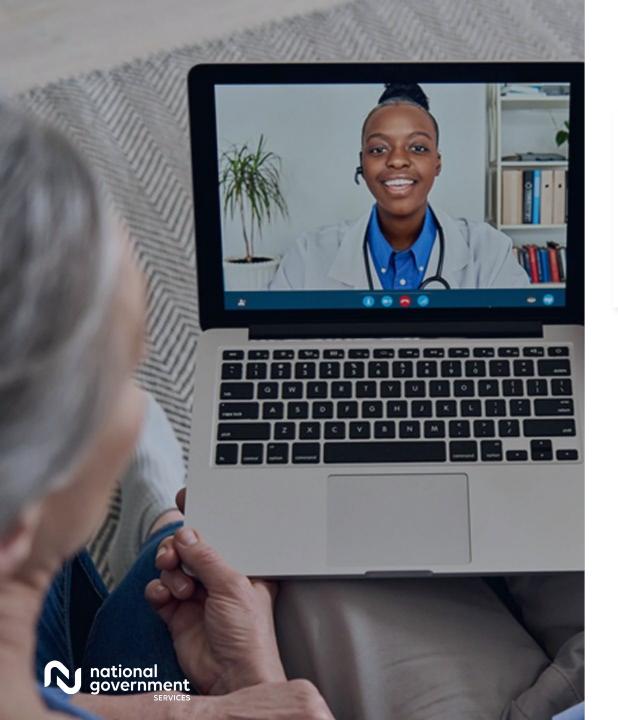# Provider Enrollment Revalidation Overview

3/2/2023

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Today's Presenters: Laura Brown, CPC and Susan Stafford PMP, COA, AMR

What Is Revalidation

Prevent Processing Delays

How Do I Know if I Have Been Asked to Revalidate

Process After Submission

Enrollment Changes Versus Revalidation

Application Status

Why Respond Timely

Resources

How to Respond

Information Preparation

Key Terms

- Enrollment ID
  - Assigned by PECOS system
  - Enrollment type
  - Per state
- NPI
  - Assigned by NPPES registry
  - Standard unique health identifier for all insurances
- PTAN
  - Assigned by MAC

What Is Revalidation?

What Is Revalidation?

- Mandated by Section 6401(a) of Affordable Care Act
  - National Fraud Prevention Program

- Process to verify all information on file for existing Medicare providers
  - Keeps provider enrollment information accurate
  - Ensures providers meet current Medicare Program requirements

What Is Revalidation?

- Part A and B providers/suppliers must revalidate every five years
- First cycle was for all providers
  - Enrolled before 3/25/2011
- Subsequent cycles are for all providers
  - Five years after initial enrollment
  - Five years after last revalidation

What Is Revalidation?

- Requirements
  - Revalidate **entire** Medicare enrollment record
    - ✓ Individuals will identify all group affiliations
    - ✓ Sole Proprietors will identify all PTAN for all practice location
    - ✓ Groups/institutional providers will identify all NPIs and PTAN combinations for all practice locations
    - ✓ All individual(s)/organization(s) with ownership/managing control must be identified
    - ✓ Submit revalidation only when notified and before due date
    - ✓ Unsolicited revalidation applications will be returned if received more than seven months prior to due date

How Do I Know If I Have Been Asked to Revalidate?

How Do I Know If I Have Been Asked to Revalidate?

- Each provider/supplier receive separate letter
- Revalidation notification is sent by mail two months prior to revalidation due date
  - Special payments and correspondence address simultaneously
  - Primary practice address
- Name on delivery address
  - Group/Institutional name
  - Group **and** individual provider name
  - Individual provider name

Sample Revalidation Letter

National Government Services

Medicare

ReturnAddress

DateRevalidationNoticeSent

Dear Salutation,

Every five years, CMS requires you to revalidate your Medicare enrollment record. You need to update or confirm all the information in your record, including your practice locations and reassignments.

We need this from you by **Due Date**.

Failure to respond to this notice will result in a hold on your payments, and possible deactivation of your Medicare enrollment. If you are a non-certified provider or supplier, and your enrollment is deactivated, you will maintain your original PTAN, however will not be paid for services rendered during the period of deactivation. This will cause a gap in your reimbursement.

What record needs revalidating by Due Date

[Name] | **NPI** [NPI] | **PTAN** [PTAN]
Reassignments: <*Only include this title if the record has any reassignments*>
[Legal Business Name] | [dba Name] | [State abbrv.] | Tax ID [Tax ID, mask all but last 4 digits]

CMS lists the records that need revalidating at go.cms.gov/MedicareRevalidation.

What you need to do
Revalidate your Medicare enrollment record, through PECOS.cms.hhs.gov, or form CMS-855.
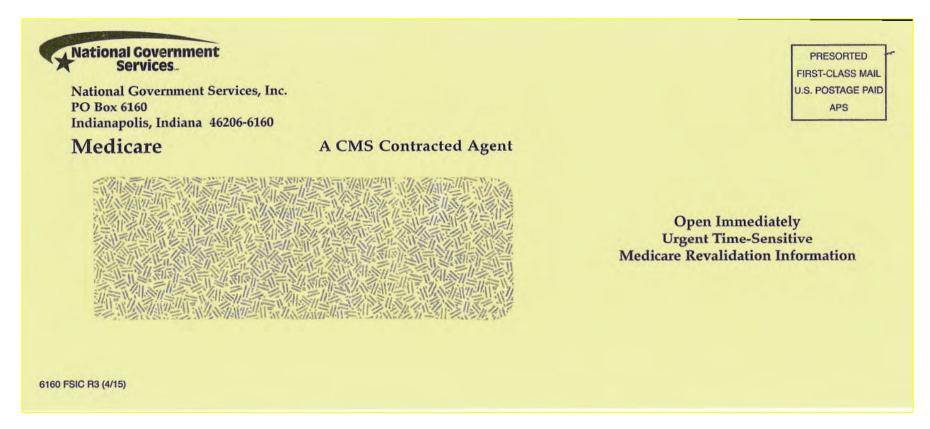
- **Online:** PECOS is the fastest option. If you don't know your username or password, PECOS offers ways to retrieve them. Our customer service can also help you by phone at 866-484-8049.

- **Paper:** Download the right version of form CMS-855 for your situation at cms.gov. We recommend getting proof of receipt for your mailing. Mail to ReturnAddress.

If you have a fee due, use PECOS to pay. If you feel you qualify for a hardship waiver, mail us a request on practice letterhead with financial statements, application form, and certification. For more on fees and exceptions, search cms.gov for "CR 7350" or "Fee Matrix".

How Do I Know If I Have Been Asked to Revalidate?

- Watch for yellow envelope

How Do I Know If I Have Been Asked to Revalidate?

- Check PECOS

- Check the CMS website
  - Revalidations page
    - ✓ Medicare Revalidation List Tool
      - Due date will display
      - "TBD" (To Be Determined)

How Do I Know If I Have Been Asked to Revalidate?

- Group members
  - Verify with individual physician or nonphysician practitioners
  - Utilize lists on CMS website
  - Utilize PECOS
    - ✓ Reassignment report to identify their members being asked to revalidate
      - My Associates > Find Group Enrollment > View Enrollment > View/Manage Reassignments

How Do I Know If I Have Been Asked to Revalidate?

View/Manage Reassignments

Pending Reassignments Applications

You currently do not have any Pending Reassignments.

Reassignments Report

Filter Reassignment Records

Please provide one or more of the following options to filter the enrollments. Selecting the reset button will clear the options selected and load the full list of enrollments.

Reassignment Status ⓘ
All Statuses ▾

Enrollment Status
All Statuses ▾

Relationship Status
All Relationships ▾

FILTER ▶   RESET ▶

The table below displays Reassignment Information for Approved, Deactivated, Revoked, and Rejected enrollment records. Any changes that you submit will display here only after the Medicare Administrative Contractor has processed the submitted enrollment.

Reassignments Report Details

Relationship	Provider Name/LBN	NPI	Current Enrollment Status	Medicare ID	Effective Date	Reassignment End Date	Revalidation Due Date
Receiving Benefits from			APPROVED	N/A	05/02/2005	01/01/2008	N/A
Receiving Benefits from			DEACTIVATED	N/A	12/15/2009	02/14/2014	N/A
Receiving Benefits from			DEACTIVATED	N/A	12/05/2005	02/14/2014	05/13/2013
Receiving Benefits from			APPROVED		09/28/2015	N/A	N/A
Receiving Benefits from			APPROVED		12/15/2009	N/A	N/A
Receiving Benefits from			APPROVED		06/23/2013	02/14/2014	N/A
Receiving Benefits from			APPROVED		10/06/2008	N/A	N/A
Receiving Benefits from			APPROVED		07/24/2003	N/A	11/30/2017

Note: Please select on the "Download Report" button to download this report in CSV format.

PRINT ▶   DOWNLOAD REPORT ▶

◀ RETURN TO MY ENROLLMENTS

MANAGE REASSIGNMENTS ▶

Enrollment Changes Versus Revalidation

Enrollment Changes Versus Revalidation

- Revalidation effort does not change other requirements of enrollment
- Providers continue to submit routine changes, within the 30–90 day timeframes, such as
    - Address updates
    - Reassignments
    - Additions to practices
    - Changes in authorized officials
    - Information updates

Why Respond Timely

Why Respond Timely

- Failure to respond timely to revalidation and development requests, will result in impacts to claims processing
  - Payment holds
  - Deactivation of Medicare billing privileges

Why Respond Timely

- Deactivations due to nonresponse to revalidation
  - Provider/supplier will maintain their original PTAN
  - Interruption in payment will be from deactivation date until date application is received
  - Must submit new complete application to reactivate
    - ✓ Reactivation will not occur until processing is complete

How to Respond

How to Respond

- Application options
  - Paper application
    - ✓ CMS-855I
    - ✓ CMS-855B
    - ✓ CMS-855A
    - ✓ CMS-20134
  - Internet-based PECOS
    - ✓ Individuals/groups/institutional
    - ✓ Incorporated sole owners
      - Individual NPI type I
      - Group NPI type II

How to Respond

- Using Internet-based PECOS
  - Submit Medicare enrollment applications electronically
  - Select revalidate on appropriate enrollment record
  - View enrollment information Medicare currently has on file
  - Update if necessary
  - Verify signatures complete (upload or electronic methods)
  - View and print reports
  - Track status

How to Respond

- PECOS advantages
  - Paperless
    - ✓ Upload supporting documents
    - ✓ Upload signed certification statements
    - ✓ Electronic signatures
  - Faster
  - Tailored process
  - Information control
  - Ability to verify and update information

Application Fee

- Application Fee
  - 2023 application fee = **$688**
  - [Pay fee online](#) via credit card, debit card or check
  - No hardcopy checks can be accepted by NGS
  - Submit receipt of payment with application
    - ✓ Enables contractor to quickly verify payment was made

- Section 6401(a) of Affordable Care Act

- Adjusted each calendar year by percentage change in consumer price index

Who Pays Application Fees?

- Ambulance supplier
- Ambulatory surgical center
- Certain laboratories
  - Independent clinical
  - Histocompatibility
- Home infusion therapy
- Independent diagnostic testing facility

- Intensive cardiac rehabilitation
- Mammography center
- Mass immunizer
- Opioid treatment program
- Pharmacy
- Portable X-ray supplier
- Radiation therapy center
- All providers billing Part A

Information Preparation

Be Ready to Verify

- NPI for individual, group or institution
- Personal identifying information
- Correspondence address
- Specialty
- Adverse legal actions/convictions
- Pay to address
- Affiliations
- Managing employee

Be Ready With Documentation

- IRS Form CP-575 or IRS Form 147C

- Medical license or certifications

- Federal, state and/or local (city/county) business licenses

- Certifications, and/or registrations specifically required to operate a health care facility

Prevent Revalidation Processing Delays

Prevent Revalidation Processing Delays

- [Prevent Revalidation Processing Delays](#)
- Common missing or incomplete items
    - Missing CMS-588 EFT agreement information
    - Missing or expired state required registrations
    - Not addressing all PTANs identified in request letter
    - Sole owners missing application for individual or group
    - Missing nonphysician practitioner certification requirements
    - NPPES registry name mismatches

Prevent Revalidation Processing Delays

- Incorrect SSN or date of birth

- Missing practice location in Section 4 of CMS-855I, CMS-855B or CMS-855A

- Missing answers to final adverse legal actions/convictions

- Missing signatures for new authorized/delegated officials

- Missing Information for individuals with managing control in Section 6 of CMS-855I

- Missing Information for individuals with ownership interest and/or managing control in Section 6 of CMS-855B or CMS-855A

Prevent Revalidation Processing Delays

- Matching legal name requirements reflected in/on
  - IRS records if under EIN/TIN as demonstrated by IRS-CP575, IRS-147C or other approved IRS forms
  - Social Security records
  - NPPES registry
  - Voided check or bank confirmation letter
  - Applicable state regulation websites

Process After Submission

Process After Submission

- Contact person on application will receive by email
  - Acknowledgement Notice
    - ✓ Add to safe sender list
      - customerservice-donotreply@cms.hhs.gov
      - NGS-PE-Communications@elevancehealth.com
  - Development requests for additional information
    - ✓ Respond within 30 days
    - ✓ Log into PECOS to make necessary corrections or upload the required documents, verify and manage signatures
  - Response letter
    - ✓ Deactivation letter for incomplete/no response to development request
    - ✓ Approval letter

Application Status

Check Application Status

- Go to [our website](#) > Resources > Tools & Calculators > [Check Provider Enrollment Application Status](#)

Check Application Status

- IVR system
  - [Our website](#) > Resources > Contact Us > Interactive Voice Response System
  - IVR will request following information after selecting Provider Enrollment
    - ✓ Case number/web tracker ID; or
    - ✓ National Provider Identifier (NPI) and Tax Identification Number (TIN of group) or Social Security Number (SSN of individual)

PECOS Home Page to Login
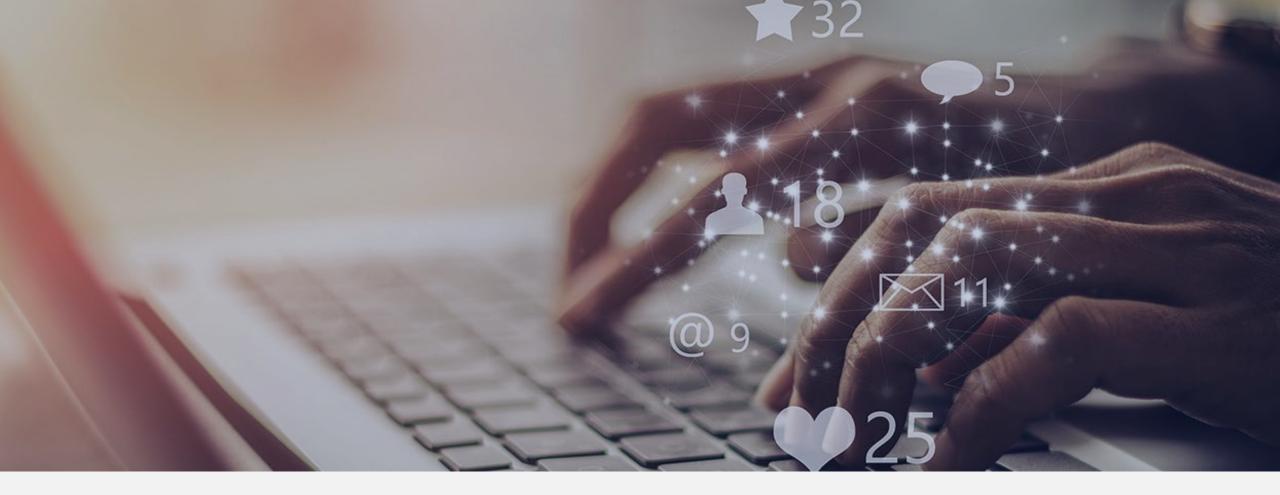
Resources

NGS Website

Resources

- [Prevent Revalidation Processing Delays](#)
- [Supporting Documentation Required for Enrollment Revalidations](#)

Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.

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