

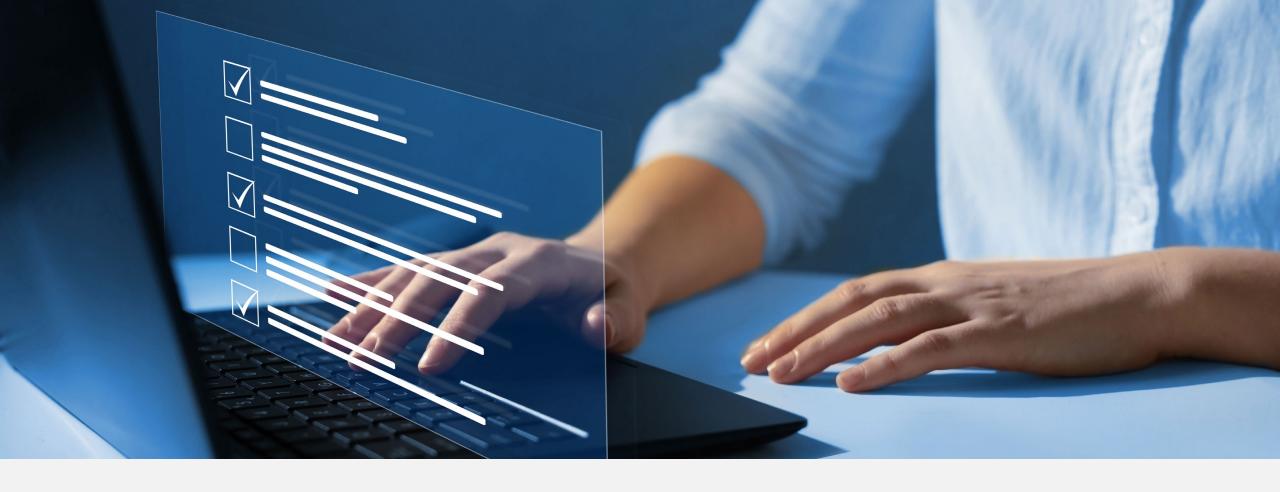


# Provider Enrollment Revalidation Overview

6/6/2023





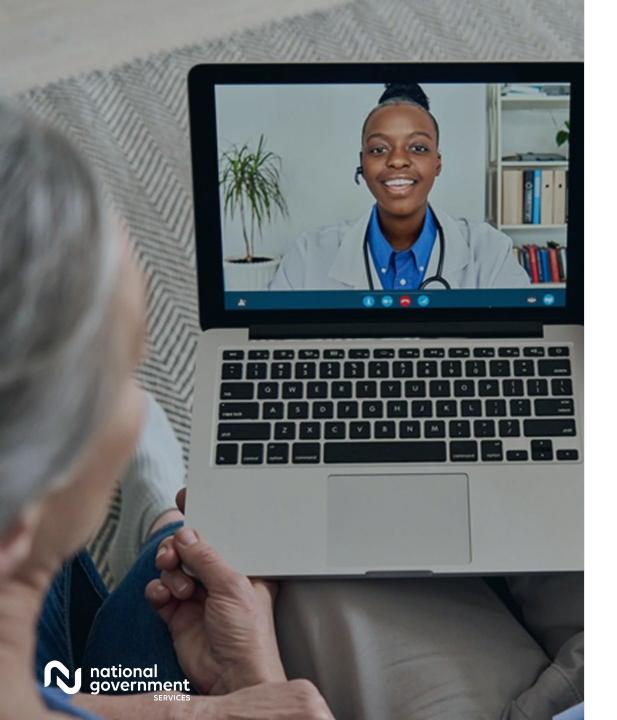


#### Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the CMS website.







#### Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

#### Today's Presenters

Provider Outreach and Education Consultants

- Laura Brown, CPC
- Susan Stafford PMP, COA, AMR











#### Agenda

- What Is Revalidation
- How Do I Know if I Have Been Asked to Revalidate
- Enrollment Changes Versus Revalidation
- Why Respond Timely
- How to Respond
- Information Preparation
- Prevent Processing Delays
- Process After Submission
- Application Status
- Resources







#### 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





- 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
- MLN Matters®
  - <u>SE1605 Revised: Provider Enrollment Revalidation Cycle 2</u>





- 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





#### 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



- 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



Medicare

etara Addresa

DateRevalidationNoticeSen

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] | [Gba Name] | [State abbry.] | 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: <u>PECOS</u> 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 <u>cms.gov</u>. We recommend getting proof of receipt for your mailing. <u>Mail to ReturnAddress</u>.

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 <a href="mailto:cms.gov">cms.gov</a> for "CR 7350" or "Fee Matrix".





Watch for yellow envelope



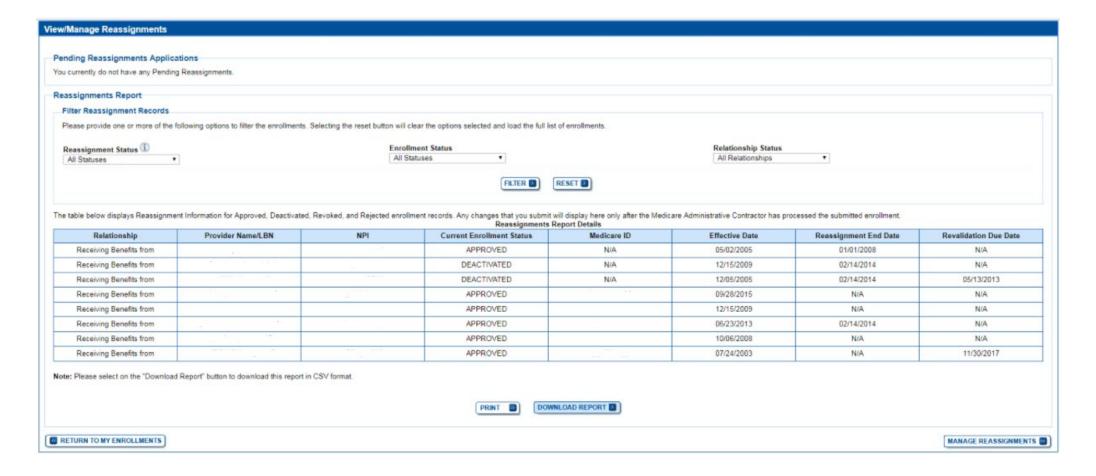


- Check <u>PECOS</u>
- Check the CMS website
  - Revalidations web page
    - ✓ Medicare Revalidation List Tool
      - Due date will display
      - "TBD" (To Be Determined)



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





- Application options
  - Paper application
    - ✓ CMS-8551
    - ✓ CMS-855B
    - ✓ CMS-855A
    - ✓ CMS-20134
  - Internet-based PECOS
    - ✓ Individuals/groups/institutional
    - ✓ Incorporated sole owners (two enrollments)
      - Individual NPI type I
      - Group NPI type II





- 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





- 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
- 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





- 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



- 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

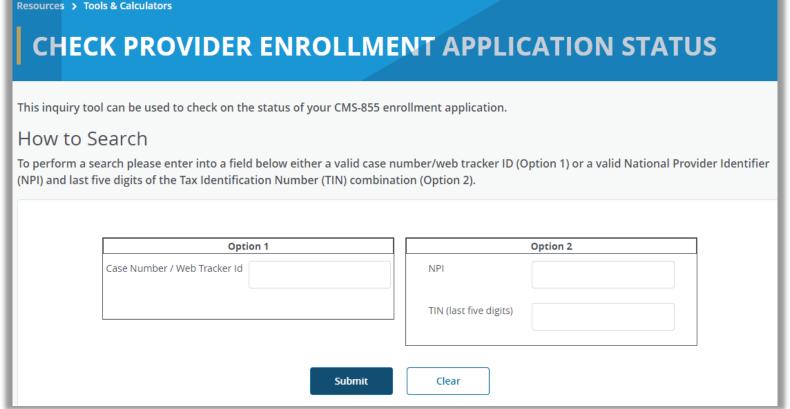
- Contact person on application will receive by email
  - Acknowledgement Notice
    - ✓ Add to safe sender list
      - customerservice-donotreply@cms.hhs.gov
      - NGS-PE-Communications@elevancehealth.com
  - Development requests for additional information
    - ✓ Respond within 30 days
    - ✓ Log 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 <u>our website</u> > Resources > Tools & Calculators > <u>Check Provider</u>
 <u>Enrollment Application Status</u>





#### 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



#### Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) (\*) Red asterisk indicates a required field. PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information. New to PECOS? View our videos at the bottom of this page **USER LOGIN** BECOME A REGISTERED USER You may register for a user account if you are: an You may use your NPPES or PECOS username Individual Practitioner, Authorized or Delegated Official and password to login. for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers. \* User ID Register for a user account \* Password Questions? Learn more about registering for an account Note: If you are a Medical Provider or Supplier, you must register for an NPI - before enrolling with LOG IN D Medicare. Forgot Password? **Helpful Links** Forgot User ID? pplication Status - Self Service Kiosk to view the tatus of an application submitted within the last 90 Manage/Update User Profile Who Should I Call? [PDF, 155KB] - CMS Pay Application Fee - Pay your application fee Provider Enrollment Assistance Guide View the list of Providers and Suppliers (PDF, 94KB) who are required to pay an application fee.

#### **Provider & Supplier Resources**

- CMS.gov/Providers Section of the CMS.gov website that is designed to provide Medicare enrollment information for providers, physicians, non-physician practitioners, and other suppliers.
- Enrollment Checklists - Review checklists of information needed to complete an application for various provider and supplier types.
- Medicare Learning Network® (MLN) - Helpful articles and tutorials about changes in Medicare enrollment.

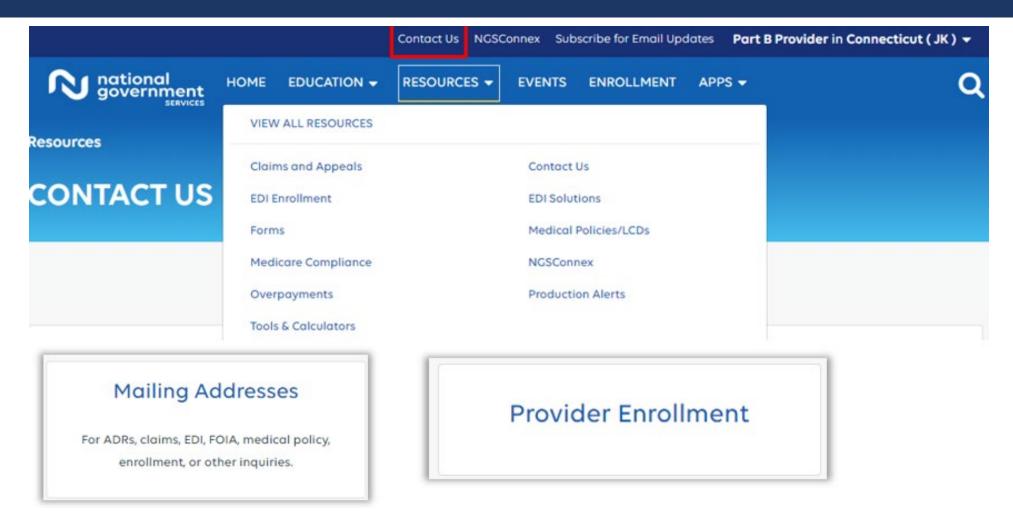
- Revalidation Notice Sent List - Check to see if you have been sent a notice to revalidate your information on file with Medicare.
- Ordering & Referring List View the Ordering & Referring List to verify eligibility to order or refer Medicare services for beneficiaries.
- Ordering and Referring Information [PDF, 1.64MB]
   Learn about the Ordering & Referring enrollment process.





# Resources

#### NGS Website



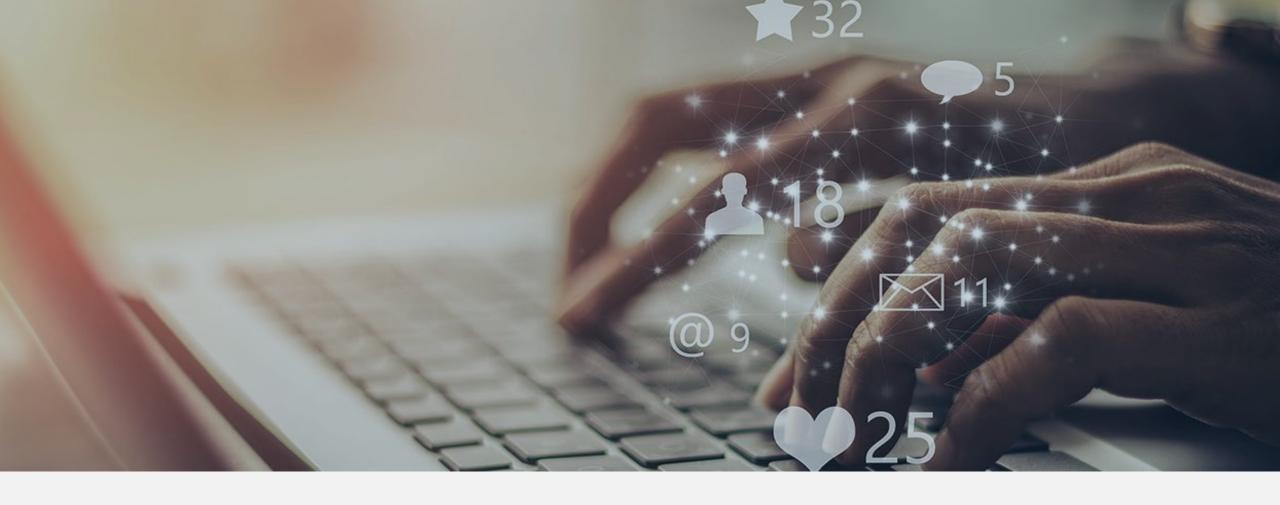


#### Resources

- Prevent Revalidation Processing Delays
- Supporting Documentation Required for Enrollment Revalidations











Text NEWS to 37702; Text GAMES to 37702







#### Questions?

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