Provider Enrollment Revalidation Overview

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Today's Presenters

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Objectives

- Understand the Medicare provider enrollment revalidation process

- Prevent revalidation application processing delays

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
  - Enrollment type
  - Per state
  - Assigned by PECOS system
- 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 current

  - Ensures providers meet Medicare Program requirements

- MLN Matters®

  - *SE1605 Revised: Provider Enrollment Revalidation – Cycle 2*

What Is Revalidation?

- Revalidate every five years

- First cycle was for all providers

  - Enrolled before 3/25/2011

- Current cycle is 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

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

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

- We will mail revalidation notices to providers two months prior to revalidation due date
  - 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?

- Each provider/supplier receive separate letter
- Revalidation letters may be sent to
  - 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
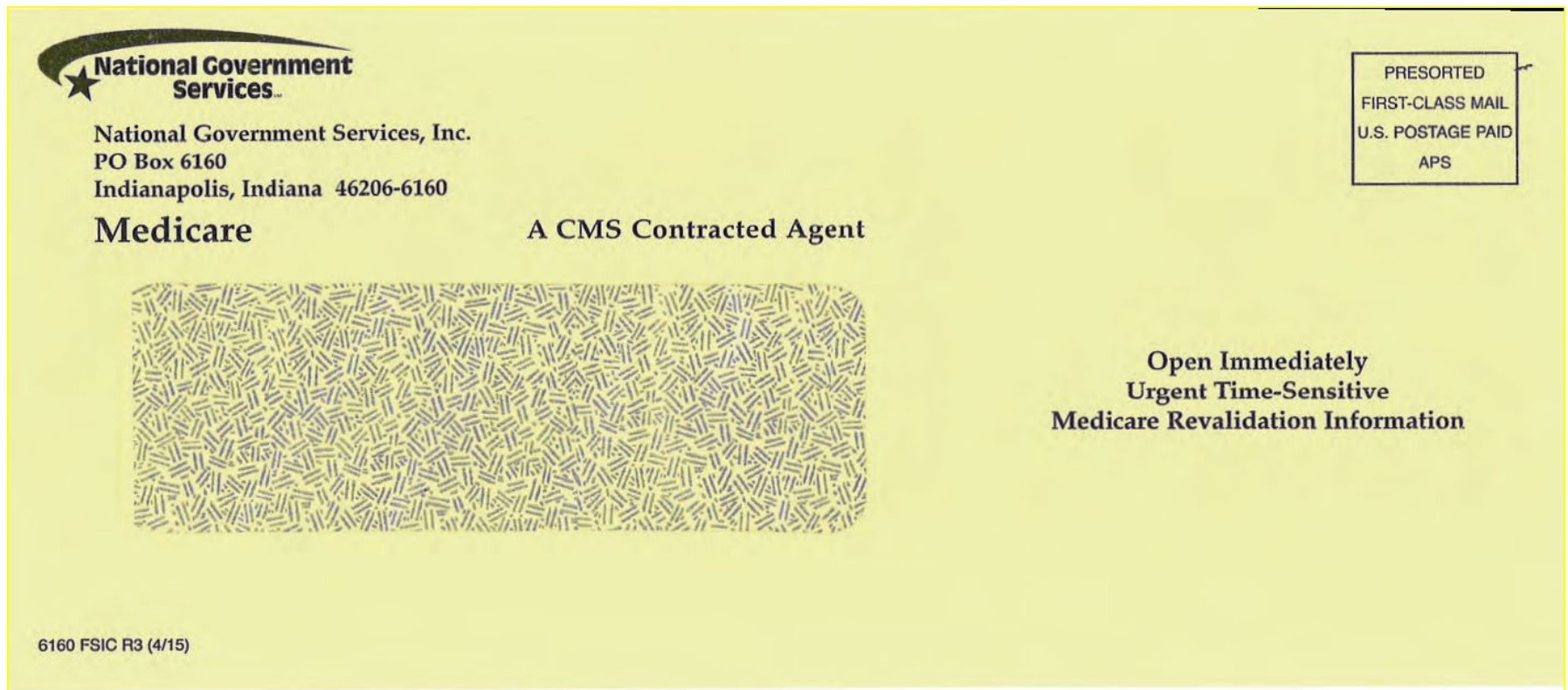
How Do I Know If I Have Been Asked to Revalidate?

- 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, such as

  - Address updates

  - Reassignments

  - Additions to practices

  - Changes in authorized officials

  - Information updates

Why Respond Timely

Why Respond Timely

- Application revalidation due date
- Development requests
- Failure to do so will result in impacts to claims processing
  - Payment holds
  - Deactivation of Medicare billing privileges

Why Respond Timely

- Deactivations due to nonresponse
  - 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
  - Update, view and print
  - Revalidate
  - Voluntarily withdraw
  - Track status

How to Respond

- PECOS advantages
  - Paperless
  - Faster
  - Tailored process
  - Information control
  - Ability to verify and update information

Information Preparation

Application Fees

- Section 6401(a) of Affordable Care Act
- Adjusted each calendar year by percentage change in consumer price index
- 2022 [application fee](#) = $631

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

How Is Application Fee Paid?

- [Pay fee online](#) via credit card, debit card or check

- No hardcopy checks can be accepted by National Government Services

- Submit receipt of payment with application

  - Enables contractor to quickly verify payment was made

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@anthem.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](#)

Resources > Tools & Calculators

CHECK PROVIDER ENROLLMENT APPLICATION STATUS

This inquiry tool can be used to check on the status of your CMS-855 enrollment application.

How to Search

To perform a search please enter into a field below either a valid case number/web tracker ID (Option 1) or a valid National Provider Identifier (NPI) and last five digits of the Tax Identification Number (TIN) combination (Option 2).

Option 1	Option 2
Case Number / Web Tracker Id	NPI
	TIN (last five digits)

Submit   Clear

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

Medicare Enrollment
for Providers and Suppliers

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

You may use your NPPES or PECOS username and password to login.

* User ID

* Password

[LOG IN »]

Forgot Password?

Forgot User ID?

Manage/Update User Profile

Who Should I Call? [PDF, 155KB] - CMS Provider Enrollment Assistance Guide

BECOME A REGISTERED USER

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

Register for a user account

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 Medicare.

Helpful Links

Application Status - Self Service Kiosk to view the status of an application submitted within the last 90 days.
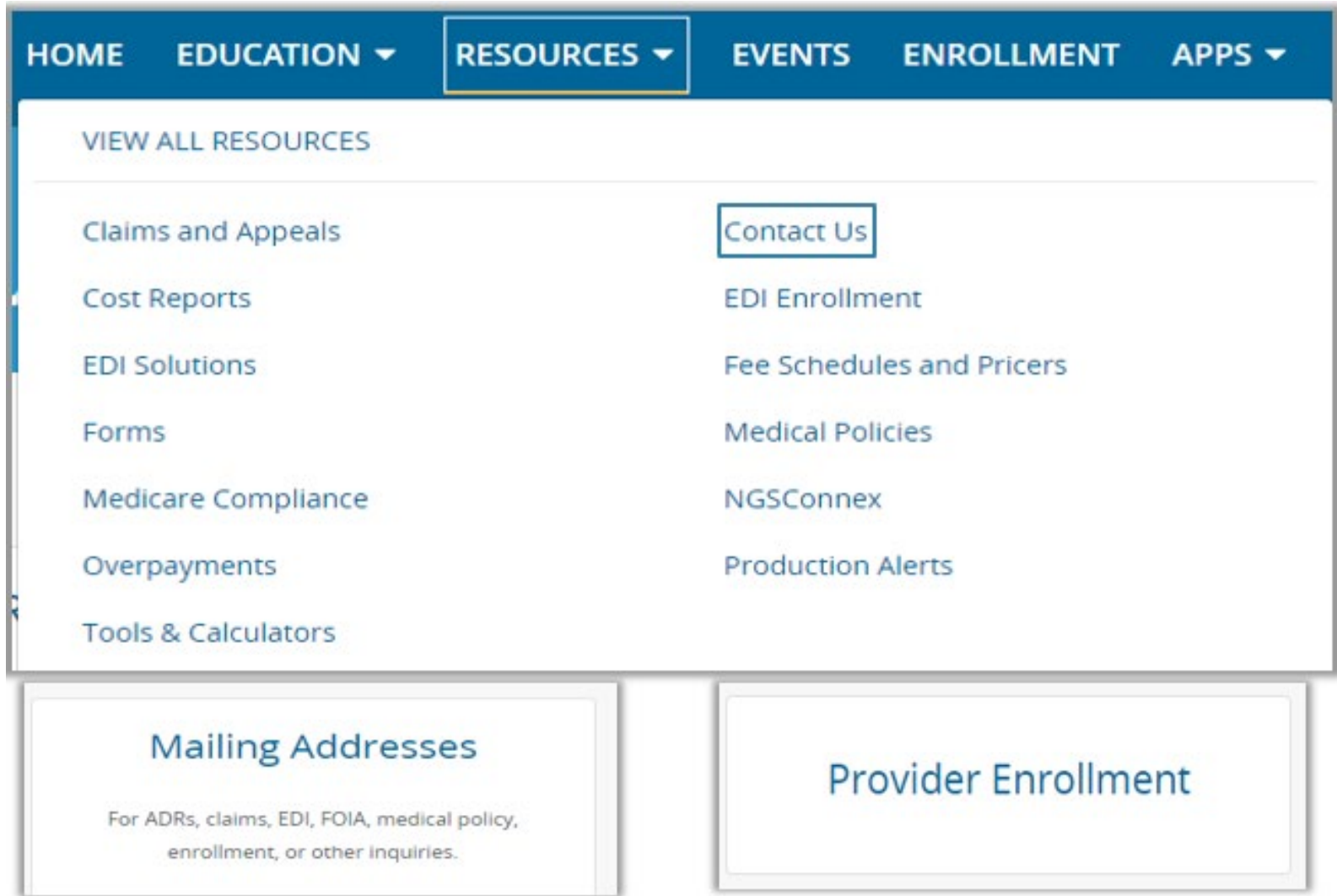
Pay Application Fee - Pay your application fee online.

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](#)

Thank You!

- Follow-up email

  - Attendees will be provided a Medicare University Course Code

- Questions?

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