

## Revalidation Application Checklist

- Avoid disruption in Medicare payments or deactivation of Medicare billing privileges by:
  - Submitting application by revalidation due date
  - Responding to additional information requested within 30 days
- Unsolicited application received more than seven months prior to due date will be returned
- Individual providers that reassign all benefits to a group are not required to submit a CMS-588 EFT or CMS-855R

## General Checklist

- Submit complete enrollment revalidation application by due date indicated on the [CMS Revalidation List Tool](#)
- Add “CustomerService-DoNotReply@cms.hhs.gov,” “NGS-PE-Communications@anthem.com” and “PEDoNotReply@anthem.com” to your safe sender list to receive acknowledgement notification and additional information requests
- Verify individual or business legal name indicated on application matches in following areas (when applicable):
  - Social Security Administration office (for Individuals)
  - Internal Revenue Service (IRS) document (organizations, sole proprietors, sole owners)
  - National Plan and Provider Enumeration System, (NPPES) profile name (NPI)
  - Electronic Funds Transfer (EFT) Authorized Agreement form
  - Bank account and on copy of voided check or bank confirmation letter
- Provide supporting documents (when applicable):
  - Copy of national certification and diploma for nonphysician practitioners
  - Final adverse legal action documentation and resolution
  - CMS-588 Electronic Funds Transfer (EFT) Authorization Agreement with a voided check or bank confirmation letter (if a current version not on file or changing banking information)
  - Proof of application fee payment or hardship exception request
  - Revalidation notification letter
- Groups/Suppliers/Sole Owners indicate at least one individual with managing control
- Provide all new and existing organizations and individuals with ownership interest and/or managing control (in the managing control sections) and specify all relationships (partner, owner, director/officer, W-2 employee, etc.) to the applicant (when applicable)

## **Internet-Based PECOS Application Checklist**

- Select “Revalidation” on the enrollment record application
- Verify current enrollment information under each topic and update if necessary
- Upload (PDF or TIFF) or mail supporting documents
- Submit electronic signature or upload (PDF or TIFF) certification statement for
  - One authorized or delegated official
  - Newly added authorized or delegated official (when applicable)
- Click the “Complete Submission” button
- Verify all signatures complete

## **CMS-855 Paper Application Checklist**

- Submit CMS-855 application
  - CMS-855I for individual physician, nonphysician practitioner, sole proprietor or sole owner of an entity
  - CMS-855B for clinic/group practice or other supplier
  - CMS-855A for institutional providers
- Select “You are revalidating your Medicare enrollment”
- To terminate a PTAN(s), use corresponding sections as indicated on CMS form, except on CMS-855I, Section 4F – Reassignments/Affiliations, request PTAN termination on a cover letter and submit with application
- Sign and date certification statement for
  - One authorized or delegated official
  - Newly added authorized or delegated official (when applicable)
- Mail application and supporting documents