

August 2014

Received a Revalidation Request Letter from CMS? Now What?

As required by Section 6401 (a) of the Affordable Care Act (ACA), the Centers for Medicare and Medicaid Services (CMS) have started the process of revalidating most enrolled providers and suppliers under new enrollment screening criteria in order to verify all information on file for existing Medicare providers. The process will require a vast majority of providers to revalidate.

How will you know when to revalidate—when you have received a yellow envelope requesting revalidation. All providers that have enrolled prior to March 25, 2011 will be required to submit their revalidation application only *after* receiving notification from their Medicare Administrative Contractor (MAC). It is important to note that the provider revalidation does not change the routine enrollment process. You must continue to submit updates and routine changes to Medicare—such as address changes, information updates, reassignments, or additions to practices. If/when your MAC sends you a request for revalidation, be sure to respond to that request *separately* from your routine updates.

“What Do I Do When I’m Notified By My MAC to Revalidate?”

Upon receipt of a revalidation request, you may update or confirm your enrollment information through CMS’s Internet-based Medicare Provider Enrollment, Chain, and Ownership System (PECOS) or complete the CMS-855 paper application. The most efficient way to revalidate your information is by using the Internet-based PECOS at <https://pecos.cms.hhs.gov/pecos/login.do> in the CMS website.

The Process

- PECOS allows you to review information currently on file and update and submit your revalidation via the Internet
- Once submitted, **you must** electronically sign the revalidation application and upload any supporting documents OR print, sign, date, and mail the paper certification with corresponding required documentation to your MAC **immediately**
 - For providers in PECOS (quickest and easiest method) – the revalidation letter will be sent to the special payments and correspondence addresses simultaneously. If these are the same, it will also be mailed to the primary addresses.
 - For providers NOT in PECOS – the revalidation letter will be sent to the special payment address or primary practice address
- Sign the revalidation application and upload supporting documentation electronically or mail the signed paper certifications statement along with supporting documentation to your MAC
- If applicable, pay your fee at <https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do>.
 - *Note:* revalidations are only processed when fees have cleared

Timely Topics

PAYMENT AND PRACTICE MANAGEMENT

“What will revalidation mean for me?”

Revalidation will mean more than simply restating information already inputted in your enrollment file. For Medicare-enrolled providers, the effort will mean providing content for new enrollment forms that were issued in 2011. Moreover, persons and entities that directly and indirectly maintain ownership and control over the Medicare enrollee are required to submit new enrollment forms which call for the exact date ownership began, the exact percentage of ownership, the date and place of birth of individuals that control interest in the Medicare provider.

Preparing for Revalidation

Although CMS has instructed MACs to work with providers to ensure compliance, enrolled practitioners—including anesthesiologists—must take on the initiative to follow through with revalidation requests. What will happen if you do not complete the revalidation? Failure to revalidate may result in enrollment deactivation.

Listed below are tips to assist you with the revalidation process:

- You will receive your notice for revalidation mailed to you in a yellow envelope. You can find the status of your enrollment listed in PECOS or CMS.gov.
- Know the Correspondence Address you have on file since the revalidation notice will either be sent to your Correspondence Address or Physical Location.
- Each MAC is responsible for mailing its own notices. Therefore, if a provider has different enrollments in various states, he/she should not expect to receive requests at the same time.
- Complete revalidation based on information known to be correct. Contact your MAC immediately if there are any discrepancies with the Medicare ID associated with a notice you have received or if you are aware of any inactive or unrecognizable numbers.
- CMS has instructed MACs to accept all reasonable requests for an extension to revalidate. If an extension is needed, contact your MAC.
- Respond within 60 days from the postmark date on the revalidation request letter, after which time you will be deactivated if not completed

I Missed The Deadline...Now What?

If you have missed the deadline for revalidation, it is very likely your Medicare billing privileges are deactivated—thus, your claims will not be processed, or payments for your submitted claims will be held. First and foremost, make sure to get revalidated. For other questions regarding payment and submitted claims, contact your designated MAC. The link below provides a list of MAC’s for designated regions:

[Medicare Fee-for-Service Provider Enrollment Contact List](#)

Timely Topics

PAYMENT AND PRACTICE MANAGEMENT

Providers should verify their enrollment or pending enrollment by setting up access to PECOS. For further information on enrollment and Revalidation, visit the PECOS website at <https://pecos.cms.hhs.gov/pecos/login.do> or [CMS.gov](https://www.cms.gov) for a list of notices sent, examples of revalidation notices and guidelines on completing revalidation.

For additional information, please visit:

[CMS: Frequently Asked Revalidation Questions.](#)

[CMS: Revalidations](#)

[CMS: Medicare Provider-Supplier Enrollment Information](#)

[MLN Matters: The Basics of Internet-based Provider Enrollment, Chain and Ownership \(PECOS\) for Provider and Supplier Organizations \(Fact Sheet Series\)](#)