

July 2016

Revalidation Notices: Do Not Ignore Them!

Section 6401(a) of the Affordable Care Act (ACA) included new requirements for screening both new and existing providers in the Medicare and Medicaid programs. Enrollment information for all existing providers will need to be revalidated per those screening requirements. In this Timely Topic, we provide you information and resources to help you understand the CMS provider enrollment revalidation process.

Medicare Revalidation Updates

There have been several updates since our August 2014 Timely Topic on [Revalidations](#). Medicare providers are required to revalidate their provider enrollment at least every five (5) years - it could be earlier per a specific request from their Medicare Administrative Contractor (MAC).

Step 1: Identify your revalidation due date

Due dates are [posted](#) six months in advance and the MAC will send a revalidation request two to three months ahead of the due date. Providers can check the CMS Revalidation site to determine if their revalidation is due within the next six months. Typically your revalidation due date will be five years from the time of your last revalidation or from your initial enrollment. If your due date is further than six months out, it will be listed as “TBD” (to be determined).

Do not wait for your revalidation due date if changes in your enrollment need to be made. Examples of changes include but are not limited to:

- new ownership,
- changes in location or services,
- any final adverse actions,
- new authorized or delegated officials,
- or any other changes in information that would be identified in the enrollment process.

Any changes should be submitted on the appropriate change forms as soon as they are identified.

Step 2: Watch for revalidation notices

Revalidation notices are now sent by email. They will be sent to any email addresses listed on your prior applications. The subject line will state “**URGENT: Medicare Provider Enrollment Revalidation Request**”. If the emails are all rejected as undeliverable, then the MAC will send a paper notice to at least two of the addresses listed on your previous application.

Step 3: Respond to revalidation notices before the due date

If you have not received a notice from your MAC but you are listed with a specific due date on the [Medicare Revalidation List](#), you are encouraged to submit your revalidation application. Revalidation applications may be submitted once you are listed with a specific due date and within six months of that due date. You are no longer required to wait for the notice from your MAC. However, do not submit a revalidation application if your due date is listed as “TBD” as it will be returned.

CMS recommends that you submit your revalidation application online via [PECOS](#) as that is the fastest and most efficient submission method. You may review and update all information currently on file, and then submit your revalidation electronically. Immediately upon completion, you must electronically sign the revalidation application and upload any supporting documents. Or, you may print the application, then sign, date and mail it along with any supporting documents to your MAC. Failure to complete these final steps will prevent the revalidation application from being processed. No time extensions will be granted.

When revalidating, include all your enrollment information. If you reassign benefits to multiple groups, information for each group must be included. A review of the [Revalidation Checklist](#) will help ensure nothing is forgotten and your revalidation application can be processed in a timely manner.

If you do not revalidate, if your revalidation application is not received by the due date or if there is a delay in submitting any of the requested information, you are at risk of possible delays in your Medicare payments and/or deactivation of your Medicare billing privileges.

If you are deactivated as a provider, you will have to submit a new provider enrollment application. Your new provider enrollment effective date will be the date the MAC receives a new completed application. No payments will be made for any services rendered during the period of deactivation. Your MAC will also not process payments for services on or after your new effective date until the new application is processed.

Medicaid Revalidation Updates

Medicaid providers must also be revalidated by the state agencies at least every 5 years. All providers were notified by March 24, 2016; the revalidation process must be completed by September 25, 2016. Review your state Medicaid agency’s website for information specific to its revalidation process. Some states may rely on Medicare’s screening and approval of either the initial provider enrollment or the revalidation application.

ASA members should be aware of the revalidation process to ensure they meet the requirements in a timely fashion and do not risk delays in payment or possible deactivation from the Medicare and Medicaid programs

Timely Topics

PAYMENT AND PRACTICE MANAGEMENT

Important links:

[CMS Revalidations](#) – Detailed information is available from CMS regarding revalidations.

[Medicare Revalidation List](#) – Confirm the date when your revalidation is due.

[Medicare Revalidation Checklist](#) – Make sure you address every item on this list to ensure there are no issues with your revalidation.

[MLN Matters](#) – Information about the Provider Enrollment Revalidation Cycle 2 process.

[Provider Enrollment Revalidation FAQ's](#) – Review the most common questions and answers regarding the revalidation process.

[PECOS](#) – The Medicare Provider Enrollment, Chain, and Ownership System, an online system for submitting provider and supplier enrollment and revalidation information.

[Contact List](#) – Contact your MAC to answer any provider enrollment and revalidation questions.

[Individual Providers Revalidation](#) - YouTube video with step-by-step instructions on the revalidation process for individual providers.

[Organization/Supplier Revalidation](#) - YouTube video with step-by-step instructions on the revalidation process for organizations and suppliers.

[Sub regulatory Guidance for State Medicaid Agencies](#) – Updates to the Medicaid revalidation process made to improve alignment with the Medicare revalidation process