

HOME HEALTH & HOSPICE AND PART A PROVIDER ENROLLMENT REVALIDATIONS CYCLE



- CMS Revalidation requires all providers/suppliers to resubmit and recertify the accuracy of their enrollment information.
- DME suppliers are required to revalidate every three years; all other providers/suppliers every five years.
- All providers/suppliers must be revalidated under the new enrollment screening criteria.
 - Cycle 1 started in 2011 and finished up earlier this year.
- Cycle 2 was implemented in March 2016. CGS Cycle 2 Revalidation mailings recently started.
 - Cycle 2 is a more streamlined process that has several process improvements implemented based on feedback from providers as well as MACs. CMS has tried to standardize the process across all MACS.
 - > One of the updates is that CMS has established revalidation due dates that are consistent for everyone. Revalidations will be due the last day of the month. Once this due date is set, it will generally remain the same for subsequent revalidation cycles.
 - CMS has created a revalidation due date lookup tool on their website. This lookup tool allows providers to see their due dates in advance. There will be up to 6 months of dates posted and will be updated periodically. If a date has not been assigned it will show "TBD." In addition to this due date lookup, there will be a crosswalk to the reassignment information. The website is <http://go.cms.gov/MedicareRevalidation>
- CGS will continue to issue revalidation notices in addition to the posted list. We will be mailing these notices 2-3 months before the established due date. If you are within 2 months of your listed due date and have not received the notice, you are encouraged to submit your revalidation application. If we do not receive the revalidation application, deactivation may occur, just as in cycle 1.
- Although we do encourage providers to send application by their revalidation due date, we cannot accept unsolicited revalidations. CMS defines unsolicited revalidation applications as one submitted more than 6 months in advance of the due date. If this occurs, we will return the application. If your intention was to make a change, please submit the application as "Change of information" instead of "revalidation."
- If a PTAN is deactivated for non response to revalidation, you will be required to submit a complete enrollment application to reactivate. You will maintain the original PTAN, but the reactivation date will be based on the receipt date of the new application. This will cause a gap in reimbursement because the services will not be paid during the period of deactivation. Therefore, we are strongly urging providers to check the website - <http://go.cms.gov/MedicareRevalidation> – to get their revalidation due date.

